

TrustReporter (GWAccess) ApplicationTo enroll in our FREE online service, please complete the application below, print, sign, date and mail to Clinton National Bank, Attn: Trust Department, 235 6th Avenue South, Clinton, lowa 52732.

Yes, I would like to enroll in TrustReporter (GWAcess) online access and have read and agreed to the terms of service.

Customer Information / Third Party				
Last Name:	1	First Name:		MI:
Address Line 1:				
Address Line 2:				
City:	State:		Zip:	
Date of Birth:		of Social Security num	iber	
Home Phone:	Cell Phone:			
		2011 Hone.		
E-mail Address:				
The follo	owing people have my permis (Please complete an addition			
1.			Please initial here:	
2.			Please initial here:	
	Account numbers to wh	nich you would like	TrustReporter Acc	ess:
			I wish to receive Mont	hly Electronic Statements
1.				ve an annual paper statement.
				hly Electronic Statements
2.				e an annual paper statement.
				hly Electronic Statements
3.			I understand I will receive	re an annual paper statement.
		ALITHODIZATION	1	
AUTHORIZATION				
I have read, understand, and agree to the Trust Online Agreement that governs the use of service. By signing below, you authorize Clinton National Bank to provide access to your Account and/or Statement(s) through this secure internet service.				
Chinton reational paint to provide access to your Account analyor statements, through this secure internet service.				
Name:				
Authorized Signature:				
Name:				
Authorized Signature:				
Check one:	Owner Third Party			
CHECK OHE.	Owner Initia Party			
	rocessed, your login and password inforn r login information can not be e-mailed.			
For Internal Use Only				
Customer Verification:	Known Customer	Oriver's License	0	ther (specify)
Date Application Received:	Admin Ap	proval:		Date Approved:
Contact Symbol:	User ID As	ssianed:	Pa	assword: