Print, complete form & mail to
or fax to: (502) 227-1629

Trust Operations
United Bank & Capital Trust Co.
P.O. Box 309
Frankfort, KY 40602

PORTFOLIO ACCOUNT LINK (PAL) ENROLLMENT APPLICATION

Individual requesting access

☐ New enrollment ☐ Change existing enrollment

Name _____
First Middle Last

Organization name (if applicable) _____

Enrollee's home mailing address **(required)**

_____
Street

_____
City State Zip

Organization mailing address (if applicable)

_____
Street

_____
City State Zip

Telephone _____

Telephone _____

E-mail address _____

Identifying information (**Required** to confirm identity)

Last four digits of Social Security number _____ Birth date _____

Requested user ID (must be 6 – 10 characters) _____

- United Bank will assign you a user ID if your requested user ID is not available

Account(s) requesting access

Add/Remove	Account Number	Account Name

Signature of account owner _____ Date _____

Office use only

User ID _____ Initial Password _____

Officer Approval: _____ Date: _____

PAL Established		E-mail Sent to Customer	
Date	Initials	Date	Initials