



Corporate Card Rewards Enrollment Form

Yes! I want to participate in free INTRUST Rewards. I have checked **ONE** of the following enrollment options.

I currently have consolidated billing. All points earned by sub-accounts will accrue to the Master Account.

I wish to enroll the following individual accounts.

Name _____ Acct # _____

Name _____ Acct # _____

Name _____ Acct # _____

Although I do not have consolidated billing, I would like points from all of my INTRUST Corporate Cards to accrue to a Master Account.

Master Account Name _____ Acct # _____

Name of authorized signer* (please print)

Signature _____ Date _____

*An authorized signer must be a person previously designated to make account changes pertaining to INTRUST Corporate Cards.

Please print and complete this form. Then fax to 316-383-5858 or mail to INTRUST Bank, Attn: Customer Service Dept., 105 N. Main, Wichita, KS 67202.