## SECTION 1- COMPANY DETAILS:

Company NIS/BIR File Number: _____

Company Name: _____

Company Registered Address: _____

_____

Country: _____

Postal Code: _____

**Type of Company:**
*(Please select one of the following)*

☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability ☐ Non-Profit

**Type of Business:**
*(Please select one of the following)*

☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
☐ Agriculture ☐ E-Commerce ☐ Construction

**Company Contact Details:**
*(Used* for all ACH Related notices. E.g. Invoices and Returns*)*

Name: _____

Designation: _____

Telephone #: _____

Email Address: _____

## SECTION 2- TRANSACTION DETAILS

Type of ACH transactions to be submitted:
*(Select all applicable options)*

**ACH Credits:**
*(ACH Credits: Credit Payments processed by the Company. E.g. Payroll)*

☐ Payroll ☐ Pensions ☐ Disbursements ☐ Dividends

☐ Rent ☐ Medical Services ☐ Bonus

**ACH Debits:**
*(ACH Debits: Debit Payments processed by the Company. E.g. Insurance Premiums)*

☐ Premiums ☐ Loan Payments

Maximum amount of any ACH transaction: $_____
- *Cannot exceed $499,999.99*
- *Approximate highest dollar value to one individual/payment to one vendor*

Maximum amount of any ACH file: $_____
- *Must be higher than the transaction amount*
- *Approximate highest dollar value of file /all transactions to be processed*

## SECTION 3 - OPERATING ACCOUNTS

| **Template Type** *E.g. Monthly Payroll* | **Transaction Type** *E.g. Credit* | **Processing Account Number** *E.g. 150000000201* | **Fees Account Number** *(Only if differs from processing a/c)* *E.g. 150000000202* |
|---|---|---|---|
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## SECTION 4 - AUTHORISED USERS

1. Complete Personal Information for each user.
2. Enter the Role's acronym (based on the list of roles in the table below)
3. In cases where segregation of responsibilities exists, enter the name of the Template each user should access. If not applicable, enter 'All Templates' in this field.
4. Complete the Signature Information Table for signatories who must Approve files/transactions.

**USER ROLES AND RESPONSIBILITIES:**

| **Roles** | **Responsibilities** | **Acronym** |
|---|---|---|
| Originator Administrator | This user can Block, Unblock, Activate and Log Off Users. Should be assigned to a Signatory. | OA |
| Single Originator | This user can Import transactions/files, edit information, generate batches and view reports. Should be assigned to a Processing Officer. | SOU |
| Approve | This user can Approve all files/transactions and review reports. Must be assigned to a Signatory | A |
| Single Originator & Approve | This user has full rights: Import, Generate and Approve. Must be assigned to a Signatory. | SOU + A |

| **Personal Information** | | **Role** *E.g. SOU* | **Template Name** *E.g. Monthly Payroll* |
|---|---|---|---|
| **First Name, Last Name** *E.g. Jane, Doe* | **Email Address** *E.g. janedoe@company.com* | | |
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| **Personal Information (cont.)** | | **Role** | **Template Name** |
|---|---|---|---|
| **First Name, Last Name** | **Email Address** | | |
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| Signature Information for Approvers | | Approving Authority (Select ONE) | | |
|---|---|---|---|---|
| Level (A or B) | Signature | One to Approve | Two Must Approve | One Level A and One Level B must approve |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |

Other Approving Authority *(if not seen in the options above)*:

_____

**SECTION 5 - GENERAL**

We confirm that the information provided is accurate to the best of our knowledge and that we will promptly notify Republic Bank Limited (the Bank) of any change in the information, as it occurs.

By applying for the RepublicACH service we understand that the Bank may contact us regarding important documents that must be signed and presented to the Bank before access to RepublicACH is granted. This Agreement shall be governed by the laws of Trinidad & Tobago.

By signing below, we hereby confirm the granting of access to RepublicACH based on the foregoing instructions and agree that all transactions and enquiries performed under this facility by the USERS named herein, shall be in accordance with the terms and conditions set out in the Services Level Agreement (SLA).

Any changes, including revocation, may be authorised by *any director/*two directors.

***Delete the option that is not applicable by striking through and initialing.**

| | |
|---|---|
| *Affix Company's Stamp & Sign with Authorised Signature* | *Affix Company's Stamp & Sign with Authorised Signature* |
| ---------- | ---------- |
| Date: | Date: |
| Name: | Name: |
| Designation: | Designation: |

***Please note only authorised signatories on the Company's accounts should execute this form.***

## SECTION 6 – OFFICIAL USE ONLY

*(To be Completed by Corporate/Accounts Manager. ALL FIELDS ARE MANDATORY)*

**1. Prefunding Required** ☐ Yes ☐ No

**2. ACH Risk Assessment** ☐ High ☐ Medium ☐ Low

**3. Application Approved** ☐ Yes ☐ No

Bank /Branch Stamp

Authorised Signature: _____

Name:

Page No:

Date: