Republic Bank
We're the One for you!

ACH ORIGINATOR APPLICATION

(To Be Completed by Company. ALL FIELDS ARE MANDATORY)

SECTION 1- COMPANY DETAILS:

Company's NIS/BIR File Number: _____

Company Name: _____

Mailing Address: _____

Street: _____

City/Town: _____

Country: _____

Postal Code: _____

Registered Address:_____

_____
(If different from above mailing address)

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

☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability ☐ Other

If **'other'** is selected, please specify:_____

Type of Business: _____

Telephone Number: (____) _____-_____ **Fax#:** (____) _____-_____

Company Contact Details:

	Name	Designation	Telephone #	Email Address
Primary Contact				
Alternate Contact				

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SECTION 2 - TRANSACTION DETAILS

Does your company currently originate ACH transactions: YES ☐   NO ☐

Type of ACH transactions to be submitted:
(Select one of the following)

ACH Credits representing:

Payroll	☐	Disbursements	☐	Annuity	☐
Pension	☐	Dividends	☐	Other	☐

If **'other'** is selected, please specify:_____

ACH Debits representing:

Premiums ☐   Loan Payments ☐   Other ☐

If **'other'** is selected, please specify:_____

Maximum amount of any ACH file: $............................. (Approximate highest $ value of file processed)

Maximum amount of any ACH transaction (must be less than $500,000.00): $.......................... (Approximate highest $ value of one entry)

SECTION 3 - OPERATING ACCOUNTS

Template Type	Account Number	Branch where account is held

I/We hereby authorise Republic Bank Limited to debit Account # ……………………… in name of ……………………………………….. at …………………………..branch, for the payment of all fees associated with ACH transactions processed. These instructions are to remain in force until otherwise advised by me/us in writing.

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SECTION 4 - 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. Any changes, including revocation, may be authorised by *any director /*two directors.

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

Affix Company's Stamp or Seal with Authorised Signature

Affix Company's Stamp or Seal with Authorised Signature

Date:

Date:

Name:

Name:

Designation:

Designation:

Please note, only authorised signatories on the Company accounts should execute this form.

ACH ORIGINATOR APPLICATION

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

SECTION 5 – OFFICIAL USE ONLY

1. Prefunding Required   **Yes** ☐   **No** ☐

2. Prefunding Amount Limit _____

3. Due diligence done for AML/FATCA requirements   **Yes** ☐   **No** ☐

4. Credit Worthiness Report attached   **Yes** ☐   **No** ☐

If no, why?_____

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

6. Application Approved (Y/N)   **Yes** ☐   **No** ☐

If no, why?

_____

Bank/Branch Stamp

Authorised Signatures: ……………………………….

Name:

Date: