



# ACH SIGNATURE VERIFICATION FORM

**(To be Completed by Company. ALL FIELDS ARE MANDATORY)**

**AUTHORISATION**

The aforementioned company hereby authorises the Bank to accept instructions on any matter(s) related to the management and maintenance of RepublicACH, from any of the persons who are holding offices, for the time being, as identified, below.

**COMPANY NAME:** \_\_\_\_\_

Full Name	Position	Signature	(A or B)

**Signing Authority:**

The signatures that will be required shall be:  
(Select one of the following)

Any one       Any Two       One 'A' and One 'B' signatory       Two 'A' signatories

Other: \_\_\_\_\_

<p><i>Affix Company's Stamp &amp; Seal with Authorised Signature</i></p> <p>-----</p> <p>Date:</p>	<p><i>Affix Company's Stamp &amp; Seal with Authorised Signature</i></p> <p>-----</p> <p>Date:</p>
<p>Please note, only authorised signatories on the Company accounts should execute this form.</p>	