Bank of Saint Lucia
ALL THE BANK YOU NEED

ACH ENROLMENT FORM

OFFICIAL USE ONLY

CIF#: _____

Please provide and review the information below and indicate correctness and acceptance by signing in the space(s) provided.

BRANCH	☐ BRIDGE STREET ☐ WATERFRONT ☐ MASSY MEGA ☐ GROS ISLET ☐ VIEUX FORT ☐ SOUFRIERE	DATE	 (mmmm/dd/yyyy)	ACH SERVICE REQUIRED EXPECTED NUM OF TRANSACTIONS	☐ BENEFITS ☐ DIVIDENDS ☐ INSURANCE DUES ☐ PAYROLL ☐ SUPPLIER PAYMENT ☐ TAX REFUNDS ☐ UTILITY PAYMENT ☐ OTHER:

A. ORIGINATOR'S INFORMATION

Use **line 1** if both the **ordering** (settlement) amount & **fees** are to be debited from the same account. Otherwise, use **line 1** if the **ordering** (settlement) amount should be debited from one account & use **line 2** if **fees** should be debited from a separate account.

*Account Num to be Debited: _____ _____
                                      LINE 1   LINE 2

* Full Name: _____

*Street Address: _____ *City/Town/Village: _____ *Country: _____

*Contact Numbers: Home: _____ Fax #: _____ Work: _____ Mobile: _____

B. ACH CLIENT ELECTRONIC FUNDS TRANSFER (EFT) SYSTEM ACCESS AUTHORISATIONS

Please note that:

1. The system consists of four (4) roles as follows: **Import**; **Verify**; **Authorize**; and **Full Access**.
2. The role of **Import** allows for data import and processing while the roles of **Verify** & **Authorize** are tiered controls within the system. That is, the **Verify** role serves as an approval control for the Import role while the **Authorize** role serves as an approval control for the Verify role. Each of the preceding roles may be performed as unique log-ins or may be combined as listed in *Desire Role* below. Once the role of **Import** is selected, the role of **Verify** must be assigned to another user. At this point, the role of **Authorize** is optional but is highly recommended by BOSL for use as an additional layer of control.
3. Though a single user may perform all the preceding roles, BOSL *recommends* that medium to large businesses adopt *segregated* roles (segregation of duties) within the system, such that a unique individual is assigned to each role as a control mechanism.
4. **Full Access** combines all the other roles into a one-step process for submitting transactions to BOSL. Though any type of business may use it, it is highly recommended for use by sole traders and small businesses.
5. You should consider your selection of the roles carefully in light of the preceding and please consult your account representative if you require any assistance regarding your selections in sections **C** and **D** below.

C. USER AUTHORISATIONS REQUESTED (Minimum requirements):

Based on the preceding, do you require your transactions to be processed based as a *(Please select **one (1)** of the following options and indicate the particulars of your selection in section **D** below)*:

☐ **ONE-STEP PROCESS** (Indicate at least 1 **FULL ACCESS** user)
☐ **TWO-STEP PROCESS** (Indicate at least 1 **IMPORT** & one **VERIFY** user)
☐ **THREE-STEP PROCESS** (Indicate at least 1 **IMPORT**, 1 **VERIFY**, & 1 **AUTHORIZE** user)

D. SYSTEM ACCESS LIMITS & PREFERENCES

For the authorization selections made above, please indicate the corresponding limit preferences below. Please note that limit options may be assigned as follows:

1. Import users = Write *either* Unlimited **or** the maximum dollar value (e.g. $234.56) in the respective **Transaction** field only.
2. Verify users = Write *either* Unlimited **or** the maximum dollar value (e.g. $234.56) in the respective **Transaction** & **Submission** fields.
3. Authorize & Full Access users = No Limits can be assigned. **DO NOT** write/indicate any limits.

NAME OF AUTHORISED USER	CONTACT INFORMATION	DESIRED ROLE		LIMITS
	E-MAIL: _____ NUM(s): Fixed: _____ Mobile: _____	☐ IMPORT ONLY ☐ AUTHORIZE ONLY	☐ VERIFY ONLY ☐ FULL ACCESS	Transaction: $ _____ Submission: $ _____
	E-MAIL: _____ NUM(s): Fixed: _____ Mobile: _____	☐ IMPORT ONLY ☐ AUTHORIZE ONLY	☐ VERIFY ONLY ☐ FULL ACCESS	Transaction: $ _____ Submission: $ _____
	E-MAIL: _____ NUM(s): Fixed: _____ Mobile: _____	☐ IMPORT ONLY ☐ AUTHORIZE ONLY	☐ VERIFY ONLY ☐ FULL ACCESS	Transaction: $ _____ Submission: $ _____
	E-MAIL: _____ NUM(s): Fixed: _____ Mobile: _____	☐ IMPORT ONLY ☐ AUTHORIZE ONLY	☐ VERIFY ONLY ☐ FULL ACCESS	Transaction: $ _____ Submission: $ _____
	E-MAIL: _____ NUM(s): Fixed: _____ Mobile: _____	☐ IMPORT ONLY ☐ AUTHORIZE ONLY	☐ VERIFY ONLY ☐ FULL ACCESS	Transaction: $ _____ Submission:: $ _____
	E-MAIL: _____ NUM(s): Fixed: _____ Mobile: _____	☐ IMPORT ONLY ☐ AUTHORIZE ONLY	☐ VERIFY ONLY ☐ FULL ACCESS	Transaction: $ _____ Submission: $ _____

By signing this Form, I/we declare that I/we have read, understood, and signed the accompanying **Automated Clearing House (ACH) Origination Agreement**.

_____   _____   _____   _____
AUTHORIZED SIGNATORY (1)   AUTHORIZED SIGNATORY (2)   AUTHORIZEDSIGNATORY (3)   AUTHORIZED SIGNATORY (4)