



# Request For ACH Payment Service Under BBVA Online Banking For Business

Account Number:

- Add ACH Payment Service
- Delete ACH Payment Service
- Add ACH Account
- Maintenance

\_\_\_\_\_  
*Date Primary Administrator's Username for BBVA Online Banking for Business*

## I. General Information

\_\_\_\_\_  
*Customer Name*

\_\_\_\_\_  
*Address City State Zip*

\_\_\_\_\_  
*Phone Number Fax Number*

\_\_\_\_\_  
*Primary Administrator Primary Administrator's Email Address*

## II. ACH Account

Identify the account(s) from which Customer wishes to initiate Prepaid ACH credit entries for Employee/Individual Payments and/or Vendor Payments. The account(s) must be: (1) a BBVA business checking account, and (2) already included as an Online Account within the Customer's Online Banking profile.

_____ <i>Account Number</i>	_____ <i>Bank Number</i>	_____ <i>Tax ID Number</i>
_____ <i>Account Number</i>	_____ <i>Bank Number</i>	_____ <i>Tax ID Number</i>
_____ <i>Account Number</i>	_____ <i>Bank Number</i>	_____ <i>Tax ID Number</i>
_____ <i>Account Number</i>	_____ <i>Bank Number</i>	_____ <i>Tax ID Number</i>
_____ <i>Account Number</i>	_____ <i>Bank Number</i>	_____ <i>Tax ID Number</i>
_____ <i>Account Number</i>	_____ <i>Bank Number</i>	_____ <i>Tax ID Number</i>

## III. Customer Authorization and Agreement

By signing and submitting this Request Form, Customer and if Customer is a legal entity, the Primary Administrator:

- Requests BBVA to provide Customer with the ability to initiate ACH Payments for Employee/Individual and/or Vendor Payments from the Online Account(s) identified above;
- Acknowledges receiving the BBVA Agreement and Disclosure Statement for Online Banking, including the Schedule of Service Charges, which governs all ACH payments initiated through BBVA Online Banking for Business, and agrees that the first use of the Online Banking ACH Payment Service will confirm Customer's acceptance and agreement to the Agreement and terms of this Request form;
- Promises that all information provided on this Request Form is accurate and complete; and
- Understands that this Request Form is subject to review and approval by BBVA.

\_\_\_\_\_  
*Signature Title Phone Number Date*

**Customer Instructions:** Please return this completed Request Form as an attachment through Secure Messaging in Online Banking, choosing subject ACH/Wire Request Forms; or by faxing to 205-524-0072 or returning this form to your local account officer. If you have any questions please call 800-273-1057, select option 1 for Online Banking and then option 4 for ACH and Wire Services.

## IV. Bank Use Only

**Banker Instructions:** Attach this request and the completed ACH Prepaid Services "Know Your Customer" Questionnaire through One-Stop Support.

\_\_\_\_\_  
*BCS Phone*

\_\_\_\_\_  
*Account Officer Phone*

\_\_\_\_\_  
*Branch Name Phone*