

REPUBLIC BANK

www.republicbank.com
Member FDIC

Billpay for Business (For new and existing customers)

All fields are mandatory

Company Name: _____

Tax ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Account number to Debit: _____ (Additional account #s will need to be set up by user)

Account Type: Checking Saving

Authorized Account signer: (First) _____ (Last) _____

Phone number: _____

Fax Number: _____

E-mail Address: _____

Authorized users for bill pay: _____

Authorized Signature: _____ Date: _____

Please sign and e-mail completed form to: treasurymgmt@republicbank.com

or

Please sign and fax completed form to: 502-561-7169