

ONLINE BUSINESS BANKING FORM

REQUEST TYPE							DATE (MM/DD/YYYY)		
COMPANY INFORMATION									
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CONTACT PER	SON		WIOBILE NO.		EMAIL ADDRESS				
USER ENROLLMENT DETAILS									
						ACCESS RIGHTS			
	AUTHORIZED USER/S	EMAIL ADDRESS			MOBILE NO.				
	(Last Name, First Name)	Email address must be unique per user.			Mobile no. must be unique per	MAKE	ER	APPRO	OVER
	(2201.1211.0)	This will be used for log-in credentials.			user. This will be used for log-in		ALTROVER		
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ALLOW TRANSACTIONS FOR:									
☐ Electronic Funds Transfer ☐ Bills Payment ☐ Cash In / Cash Out ☐ Disbursement ☐ Reports ☐ Others:									
		ACKNOWI	LEDGEMENT						
	ow, I/we verify that the informatio mpany's Personal Data relating to								
services.	inpany's Personal Data relating to	o its application, enrollin	ent, mainten	ance, acc	less or continued use of South	Dalik ii	nc. pro	oduci	.s anu
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thttps://south	nd the Privacy Policy of SouthBabbankinc.com/sbpaytermsofuse/) a	ank inc. (<u>nttps://southb</u> and agree to be bound by	them I/we	<u>orivacy/</u>) understai	and the Business Banking I	erms a	and Co &Cs an	onait vtime	ions for
	I/we further agree to advise the E						205 011	,	. 101
AUTHORIZED (JSER (MAKER/APPROVER)	Date	AUT	HORIZED	D BANK SIGNATORY		Date	5	-
(Signature o	ver Printed Name)	(Signature o			er Printed Name)				
		FOR BA	NK'S USE						
	(Relationship Officer)	Date			IRE VERIFIED		Date		
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PROCESSED BY (NAC)		Date	Date		REVIEWED BY			e	
(Signature o	ver Printed Name)		(Si	ignature ove	er Printed Name)				