



**SELECT THE FOLLOWING INTERNET BANKING SERVICES:**

• Cash Management

Wire Transfer  File Transfer Only

ACH Origination Desired Limit: \_\_\_\_\_

Credits Only  Debits Only  Credits & Debits

Transaction Types:  Payroll  Child Support Payments  Business to Business  Collect Payments

**ACCOUNT HOLDER INFORMATION**

Company Name:

Mailing Address:

City

State

Zip Code

Physical Address:

City

State

Zip Code

Tax Identification Number:

Social Security Number:

Phone Number:

Date:

Contact Person:

Title:

**Bank Use Only - To be actioned immediately**

Time and Date Received

Branch the application received from

Time and Date Forwarded

Signature of bank officer verifying company documents and signatures

Print Name







**PRIMARY ACCOUNT:**

Charge our ANZ Guam, Inc. Account # \_\_\_\_\_ for all fees incurred and any and all ACH Return items.

I/We understand that the information provided on the Customer Application will be used to establish Commercial Online Banking and Cash Management Services for our business use.

I/We authorize ANZ Guam, Inc. to establish these services using information as so stated in this form.

I/we also authorize ANZ Guam, Inc. to verify all information, including account ownership and account numbers prior to activating these services.

By signing this application I/we acknowledge that I/we have also read and agreed to the Terms and Conditions of the ANZ Guam, Inc. Online Banking and Cash Management Agreement.

Signature of Authorized Signer(s)	Title	Date

I/We, by signature above, certify that everything that has been stated in this application and on any attachments is correct. The financial institution is authorized to retain this application whether or not it is approved. By completing and submitting this form, I/we accept the Terms and Conditions of ANZ Guam, Inc., I/we understand that a user ID and temporary password will be issued to me/us within 48 hours of receipt of this application. I/we must change the temporary password(s) to private password(s) the first time I/we log on to the Online Banking system.



**AGREEMENT/RESOLUTION**

Resolved, that the individuals appointed to the following offices of this Corporation \_\_\_\_\_ are hereby authorized to enter into any agreement with ANZ Guam, Inc. relating to the electronic transfer of funds of this Corporation through ANZ Guam, Inc.'s Online Banking and/or Cash Management Services, and are further authorized to designate the individuals as Authorized Representative who shall be empowered to order such transfers in accordance with such agreements or to otherwise act in accordance with such agreement.

Title	Indicate Yes or No	
	Yes	No
President		
Vice President		
Treasurer		
Other:		

Any one of the above may act alone

Any Two of the Above must act together

**Further Resolved**, that the Secretary of this Corporation is hereby authorized to certify to ANZ Guam, Inc. the names of the present officers of the Corporation and other persons authorized to sign for it and the offices respectively held by them, together with specimens of their signatures, and in case of any changes of any holder of any such office, the fact of such change and the names of the new officers respectively held by them, together with specimens of their signatures.

The authority conferred herein shall continue in full force and effect until written notice of its revocation shall be received by said Bank at its \_\_\_\_\_ Office, \_\_\_\_\_

I, \_\_\_\_\_, Secretary of \_\_\_\_\_, hereby certify that the foregoing is a true copy of Resolution duly and legally adopted by the Board of Directors of said Corporation at a meeting of said Board duly called and held on \_\_\_\_\_, 20\_\_\_\_, and that said Resolu-tion have not been revoked and are in full force and effect. I further certify that the office referred to in the foregoing Resolutions is now held by the following individuals, whose signatures appear after their respective names.

Title	Name	Signature

Date

<b>President is to sign if Secretary is authorized to enter into Funds Transfer Agreement under the above resolution.</b>
Secretary:
President: