UNITYREMITS MANDATE REQUEST FORM

A. Type of Institution:

Corporate Short Name: [ ]

OR Govt. /MDA Short Name: [ ]

Corporate CAC Reg. No: [ ]

Full Name*: _____

Address*: _____
(*Not P.O. Box*)
_____ _____

	Account Type*	Account Alias
Bank Name*:		
Bank Branch*:		
Account No.*:	Savings ☐ Current ☐	

B.

Transaction Initiators (Corporate Pay and Remita)

	EITHER	OR
User ID:		
Surname*:		
Other Names*:		
Mobile No*:		
Email*:		

Administrator (AutoPay)

Final Authorizer (Corporate Pay and Remita)

	EITHER	OR
User ID:		
Surname*:		
Other Names*:		
Mobile No*:		
Email*:		

Final Authorizer (AutoPay)

NB: The Administrator can create initiating officers, Verifying Officers, Approving Officers, set approval limits and define approval sequence on the **AutoPay** platform**.**

C. We the undersigned on behalf of _____ agree to use UnityRemits service in accordance

with UnityRemits terms and conditions of service.

Authorised Signatories to the Account*

Signature --------------------------------   ---------------------------------------   ---

Name --------------------------------   ---------------------------------------   ---

Position --------------------------------   ---------------------------------------   ---

Date --------------------------------   ---------------------------------------   ---

D. Received by me: (Unity Bank Account Officer)

Name* --- Phone Number* --------------------------------

Date* --- Signature* --------------------------------

INSTRUCTION TO THE ACCOUNT OFFICER:

Please forward completed to Unity Bank Plc, Plot 785, Herbert Macaulay Way, Central Area, Abuja.

E. UNITYREMITS ACCOUNT DETAILS*

Product IIN										CBN Code				Account ID + Check Digit (specified by Bank)									
6	2	8	0	5	1	1																	
2																							

Card Sequence No: Card Expiry Date: /

	Account Name	Account Number	Daily Withdrawal Limit	Account Type (Savings/Current)	A/C Attached to card ( )

F. Holding Account*

	2278382	1	4226	0

Bra. Code   Corporate Pay Transit Ledger

G. Income Account*

	1	1	8748	0

Bra.Code

H. Product *(Please tick)*   Corporate Pay ☐   Remita ☐   Autopay ☐

I. Transaction Charge *(per beneficiary)** _____

Note: *Asterisked(*) fields are Mandatory.*
For customers on Corporate Pay, Holding and Income account must be open at the branch and filled in the spaces provided.
Transaction Charge as agreed between branch and customer must be filled in the space provided.

Authorizing Bank Officials

BSM (Branch Service Manager)

Name: _____

Signature: _____

Staff Id: _____

BM (Branch Manager)

Name: _____

Signature: _____

Staff Id: _____