

FUTURISREMITS MANDATE REQUEST FORM

A. Type of Inst	itution:		OR Govt. /MDA	Short Name:	
Corporate	Short Name:		OR GOVE / MDA	Short Name.	
Corporate (CAC Reg. No:				
Full Name*: _					
Address*:					
Bank Name*:					
Bank Branch*:			Accoun	nt Type*	Account Alias
Account No.*:			Savings	Current 🗆	
в.	Transaction Initiators (Corpor	ate Pay and Remita)	Administra	ator (AutoPay)	
	EITHER	OR			
User ID:					
Surname*:					
Other Names*:					
Mobile No*:			1		
Email*:			1		
	Final Authorizer (Corporate	Pay and Remita)	Final Auth	orizer (AutoPay)	
User ID:	ETHER	OK .	-		
Surname*:			-		
Other Names*:					
Mobile No*:			-		
Email*:					
	NB: The Administrator can createfine approval sequence on the	e AutoPay platform.			
C. We the und	dersigned on behalf of			agree to use Fut	urisRemits service in accordance
with Futu	urisRemits terms and conditions	of service.			
Authorised	Signatories to the Account	*			
Signature					
Name					
Position					
Date					



This P	Page is For Bank Use Only					
D. Received by me:	Bank Account Officer)					
Name*	Phone Number*					
Date*	Signature*					
INSTRUCTION TO THE ACCOUNT OFFICER:						
Please Forward Complete to FuturisTrust Bank No. 1, Futuris Trust Bank Cre	escent, The Lime, Grenada, Saint George, Grenada.					
E. UNITYREMITS ACCOUNT DETAILS*						
Product IIN ECCB Co	le Account ID + Check Digit (specified by Bank)					
6 2 8 0 5 1 1						
2 Card Sequence No: Card Expiry Date: /						
Account Account Number Name	Daily Withdrawal Account Type A/C Attached to Limit (Savings/Current) card ()					
	(and angle of the state of the					
F. Holding Account* Stra. Code Corporate Pay Transit Ledger 1 4226 0						
G. Income Account*						
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 Transaction Charge as agreed between branch	Income account must be open at the branch and filled in the spaces provided. 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:						