



Direct Debit Web Portal Application Form

Please complete this section with information about your organization			
Company Name:			
Type of Company/Organization		Business Location	
<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Store Front	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Office	
<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Religious Organization	<input type="checkbox"/> Home	
<input type="checkbox"/> Government		<input type="checkbox"/> Other (Specify).....	
<input type="checkbox"/> Other (Specify).....			
Office Address			
Postal Address			
RC Number	Date Registered	Number of Branches	Staff Strength
Company Website Address		E-mail Address	
Office Telephone	Customer Service Phone	Business Fax	

This section gathers information about the contact person in your organization. All correspondence between Zenith Bank and your organization will be addressed to the person specified below.	
Name of Primary Contact Person:	Name of Secondary Contact Person:
Designation:	Designation:
Office Telephone/Extension:	Office Telephone/Extension:
Mobile Phone:	Mobile Phone:
E-mail Address:	E-mail Address:

(i). Number of levels of authorization required _____ <input type="checkbox"/>
(ii). Number of users to access the application _____ <input type="checkbox"/>

(i). Direct Debit accounts	
Title	Account Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(ii). Name of Relationship officer _____

We hereby certify that the information provided on this form is true and accurate. I agree that Zenith Bank reserve the right to take appropriate measures including legal actions if the information here is discovered to be false.

We hereby authorize you to debit our corporate account for the total sum of GH¢ being the cost for the initial set up

Authorized Signature Date Authorized Signature Date Authorized Signature Date

FOR OFFICIAL USE ONLY

Remark (by CSU) _____

Name	_____	_____	_____
		Signature	Date
Account Officer Name	_____	_____	_____
		Signature	Date
Branch Head/HOP Name	_____	_____	_____
		Signature	Date



Direct Debit Web Portal Privileges Form

SECTION 1 USER INFORMATION

1. Name of User.....
2. Role..... 3. Office Telephone/Extension.....
4. Mobile Number..... 5. E-mail Address.....
6. Department.....

Signature

Date

SECTION 2 PRIVILEGES

1. Approver
2. Uploader
3. Auditor
4. Product Administrator

Privilege Details:

1. Customer Setup Approval: The right to approve customers on the direct debit portal
2. Direct Debit Setup Approval: The right to approve customers and direct debit schedules
3. Customer Setup: The right to setup customers and create direct debit schedules
4. Product Administrator: The right to create and edit prices of products

Company.....