



# Wema Bank | WEMAPAY CORPORATE REQUEST FORM

## CORPORATE INFORMATION

Type of Institution

Government/MDA Short Name

Corporate Short Name

OR

RC No.

Full Name

Address (Not P. O. Box)

## BANKER'S DETAIL

Bank's Name

Branch

Account No.

Account Type

Savings  Current

Corporate Code (e.g. Salary A/C, Overhead A/C, etc.)

## OPERATORS' INFORMATION

### ADMINISTRATOR

User ID

Surname

Other Names

Mobile

E-mail

### INITIATOR

User ID

Surname

Other Names

Mobile

E-mail

### AUTHORIZER

User ID

Surname

Other Names

Mobile

E-mail

## CARD REQUEST

Account No.

Account Type  Savings  Current

The following represents extracts from the WemaPay Terms and Conditions as contained on <https://172.25.15.11/autopay.dc/LoginCorporate.aspx?c=wema>. If you have not done so, it is advised that you take time to review the full document.

By using WemaPay service we agree:

1. That payment instruction to Wema Bank by cheques or cash will be processed by **WemaPay** payment platform and subjected to all our current mandate instructions and confirmation rules.
2. To ensure appropriate signatories are setup on **WemaPay** to approve remittance instruction in accordance with our internal approval rules, we understand that these approval rules will be applied to all our remittance instructions. These instructions will not be subjected to additional telephone, e-mail or any other manual confirmation by the bank before our accounts are debited and the transactions executed by **WemaPay**.
3. To keep confidential all **WemaPay** security related information such as passwords, Access Codes and Personal Identification Number (PIN). We understand that, **Wema Bank** and **InterSwitch**, their affiliates and service providers will never request us to divulge any of these pieces of information by phone, mail or any other means. We oblige to report any representation to the contrary to **Wema Bank** promptly.
4. Except when caused by **Wema Bank** or **InterSwitch** misconduct or gross negligence, to make best effort to protect **Wema Bank**, **InterSwitch**, their affiliates and service providers from any/and all claims, liability, damages, expenses and costs caused by or arising from use of the service.



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## CARD REQUEST

We the undersigned on behalf of \_\_\_\_\_ agree to use **WemaPay** service in accordance with **WemaPay** terms and conditions of service.

### AUTHORIZED SIGNATORIES TO THE ACCOUNT

<b>A.</b>	Name _____	Position _____
	Signature _____	Date (dd/mm/yyyy) _____

<b>B.</b>	Name _____	Position _____
	Signature _____	Date (dd/mm/yyyy) _____

<b>C.</b>	Name _____	Position _____
	Signature _____	Date (dd/mm/yyyy) _____

PLEASE SUBMIT THE COMPLETED FORM TO YOUR BRANCH SERVICE MANAGER AND SEND AN ACKNOWLEDGED COPY TO [EBUSINESS&PAYMENTS@WEMABANK.COM](mailto:EBUSINESS&PAYMENTS@WEMABANK.COM) (E-BUSINESS & PAYMENT GROUP, 54 MARINA, LAGOS).

## FOR BANK USE ONLY

RECEIVED BY ME: (BRANCH OFFICER)

Name  
\_\_\_\_\_

Job Title _____	Branch Name _____	Phone Number _____
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Signature & Date (dd/mm/yyyy)  
\_\_\_\_\_

BSM IS EXPECTED TO SCAN/FORWARD THE DULY COMPLETED FORM TO INTERNAL CONTROL/E-CHANNELS DEPARTMENT.