

**AUTOMATED TRANSFER / ACH REGISTRATION FORM**
**UNITHOLDER INFORMATION**

<b>UTC ID #</b>			
Last Name			
First Name		Middle Name	
ID NO.		ID NO.	
Primary contact		Other contact	
Email			
Please enable the ACH Facility using the payment details below		<input type="checkbox"/>	Please disable the ACH Facility for the payment details below <input type="checkbox"/>

**REPUBLIC BANK LIMITED ACH CREDIT DETAILS**

Routing #	<b>010100903</b>											
Branch Address												
Bank Account Number												

**THE TOTAL BANK ACCOUNT NUMBER MUST BE 12 DIGITS LONG.**

Name on Bank Account <b>(Must be the same as on UTC Account)</b>												
Account Type <b>PLEASE TICK ONE (1)</b>	CHEQUING (DDA)	<input type="checkbox"/>	SAVINGS	<input type="checkbox"/>								

**VALIDATION QUESTIONS (PLEASE ANSWER ANY TWO (2) OF THE FOLLOWING)**

QUESTION	ANSWER
Name of your favourite teacher?	
Your favourite place to visit as a child?	
Your favourite subject at school?	
Your childhood name?	
Your preferred musical genre?	
Your Grand-mother's maiden name?	
The last name of your favourite teacher?	
Your dream job as a child?	

**DISCLAIMER AND SIGNATURE**

I hereby declare that the information stated above is correct. I acknowledge that the Automatic Clearing House facility (ACH) is time sensitive and the processing or cancellation of any transaction is dependent on my instructions being received by the Trinidad and Tobago Unit Trust Corporation, before 12 noon of the transaction date. I agree that the Trinidad and Tobago Unit Trust Corporation shall not be held liable for any losses or charges incurred by me due to any incorrect information provided by me or the late submission of my instructions, or for any negligence or system related errors beyond the control of the Trinidad and Tobago Unit Trust Corporation relating to the operations of the ACH system or otherwise.

**Unitholder  
Signature**
**Date  
dd/mm/yy**
**FOR OFFICIAL USE ONLY**

<b>Completed by Name (Block)</b>	<b>Signature</b>	<b>Date dd/mm/yy</b>
<b>Input By Name (Block)</b>	<b>Input By Signature</b>	<b>Date dd/mm/yy</b>
<b>Verified By Name (Block)</b>	<b>Verified By Signature</b>	<b>Date dd/mm/yy</b>
<b>IC / AGENT CODE &amp; STAMP</b>	<input type="checkbox"/> <b>ENABLED</b>	<input type="checkbox"/> <b>DISABLED</b>