

AUTOMATED TRANSFER / ACH REGISTRATION FORM
UNITHOLDER INFORMATION

UTC ID #				
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	

SCOTIABANK (T&T) LTD. ACH CREDIT DETAILS

Routing #	010100026											
Branch Address												
Bank Account Number												
THE TOTAL BANK ACCOUNT NUMBER MUST BE 12 DIGITS LONG. The first 5 digits represent the branch transit number. If the total account number is less than 12 digits, insert zeros AFTER the transit number to make it 12 digits.												
Name on Bank Account (Must be the same as on UTC Account)												
Account Type PLEASE TICK ONE (1)	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

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