

Need help?



0345 140 1000



unity.co.uk



us@unity.co.uk



[@unitytrustbank](https://twitter.com/unitytrustbank)

Adding telephone banking users

About this form

Please complete details for each account for which telephone banking is required.

This form has three sections:

- 1 Your organisation
- 2 Your authorised telephone banking users
- 3 Your declaration

Before you start

We are required by law to check the identity of all telephone banking users. To help us verify their identity and address, we may use the information on this form. In some instances, we may need further information or documentation. For more information, visit unity.co.uk/identity

If you give false or inaccurate information and we identify fraud, we will pass the details on to fraud prevention agencies to stop fraud and money-laundering. For more information, visit unity.co.uk/security

Please make sure you read the Terms and Conditions which you can find at unity.co.uk/terms-and-conditions

Using this form

- ⚠ All users must be aged 18 or over.
- ✓ Completing this form does not necessarily mean we will be able to accept all users on your account. We carry out certain checks and procedures and will write to you when your new users can start using telephone banking. Any missing or incomplete details will result in your application being delayed.

If you want to be added as a signatory or an internet banking user, visit unity.co.uk/access-your-accounts to download the appropriate form.



When you are ready and you have read the Terms and Conditions, send this form to:

Unity Trust Bank, PO Box 7193, Planetary Road, Willenhall WV1 9DG. We cannot accept this form electronically.

1. Your organisation

Organisation name

Account number(s)

We will automatically give you the same authority levels on all linked accounts

2. Your authorised telephone banking users

Please give the details of all users you would like to give telephone banking access to. If you need more than four telephone banking users, please reprint this page before filling it out and record the number of pages on the right.

User 1

Name

Title:	First:
Middle:	Last:

Position

Personal address

Postcode:	

Previous address (if less than three years at current address)

Postcode:	

Date of birth (DD/MM/YYYY)

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Contact details

Phone number:	
Email address:	

Signature

Date of birth (DD/MM/YYYY)

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Bank use only

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User 2

Name

Title:	First:
Middle:	Last:

Position

Personal address

Postcode:	

Previous address (if less than three years at current address)

Postcode:	

Date of birth (DD/MM/YYYY)

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Contact details

Phone number:	
Email address:	

Signature

Date of birth (DD/MM/YYYY)

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Bank use only

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2. Your authorised telephone banking users (continued)

User 3

Name

Title:	First:
Middle:	Last:

Position

Personal address

Postcode:	

Previous address (if less than three years at current address)

Postcode:	

Date of birth (DD/MM/YYYY)

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Contact details

Phone number:
Email address:

Signature

Date of birth (DD/MM/YYYY)

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Bank use only

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User 4

Name

Title:	First:
Middle:	Last:

Position

Personal address

Postcode:	

Previous address (if less than three years at current address)

Postcode:	

Date of birth (DD/MM/YYYY)

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Contact details

Phone number:
Email address:

Signature

Date of birth (DD/MM/YYYY)

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Bank use only

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3. Your declaration

You:

- agree to use Telephone Banking to authorise transfers between accounts and receive general account information in line with the general Terms and Conditions
- confirm that you have read and accept our Terms and Conditions and that the details on this form are correct
- confirm that you have recorded these resolutions in your minute book
- understand that your mandate will continue unaffected.

Responsibility for all transactions performed on our telephone banking service lies with the final authorising user.

Your authorised signatories must sign below in accordance with your bank mandate.

Signatory 1

Name

Title:	First:
Middle:	Last:

Position

Signature

Date signed (DD/MM/YYYY)

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Signatory 2

Name

Title:	First:
Middle:	Last:

Position

Signature

Date signed (DD/MM/YYYY)

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Signatory 3

Name

Title:	First:
Middle:	Last:

Position

Signature

Date signed (DD/MM/YYYY)

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Signatory 4

Name

Title:	First:
Middle:	Last:

Position

Signature

Date signed (DD/MM/YYYY)

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From time to time, we may send you information on Unity products and services. Personal information will not be used for marketing purposes without your agreement. If you would like to receive marketing information from us, please tick all options that apply below.

Email Post Phone No thank you