

ALTO MasterCard® prepaid card



request for top up

(1) Business / Organisation name and address

Business/Organisation name

Address

Unity Trust Bank Account Number
 (account used for the loading of funds onto your Pre-Paid Account or cards)

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(2) ALTO Account Funding Requirements (use this section to fund your prepaid account directly for direct distribution to cards via the Internet)

Amount to be transferred from our Unity Trust Bank account to our ALTO card account

Figures (e.g. £500.00)

Words (e.g. five hundred pounds)

£

(3) ALTO Card Funding Requirements (use this section to load individual cards - if you need to load more than 6 cards, please take a copy of this form)

Title Forename(s) Surname

FOR BANK USE ONLY

Card reference

Amount to be loaded onto the card

£

Title Forename(s) Surname

FOR BANK USE ONLY

Card reference

Amount to be loaded onto the card

£

Title Forename(s) Surname

FOR BANK USE ONLY

Card reference

Amount to be loaded onto the card

£

Title Forename(s) Surname

FOR BANK USE ONLY

Card reference

Amount to be loaded onto the card

£

Title Forename(s) Surname

FOR BANK USE ONLY

Card reference

Amount to be loaded onto the card

£

Title Forename(s) Surname

FOR BANK USE ONLY

Card reference

Amount to be loaded onto the card

£

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(4) Declaration and Consent

To authorise the loading of funds to your ALTO card(s) as detailed overleaf, please sign below in accordance with your bank mandate signing instruction.

By signing I/We agree to Unity debiting our account and transferring the funds across to the ALTO card(s) as specified overleaf and confirm that the terms and conditions relating to our ALTO card Services have been read and agreed.

To be signed by the authorised signatory/signatories in accordance with the Bank Account mandate.

Figures (e.g. £500.00)

I / We confirm the authorisation of additional funding of

£

and note that this amount will be deducted from our Unity Trust account.

Signature 1
Print name:
Date

Signature 2
Print name:
Date

Signature 3
Print name:
Date

Signature 4
Print name:
Date

On completion of the form

When the form has been completed and signed, please send it to us either by:

post - send the completed form to **Cardholder Services Team, Unity Trust Bank, Nine Brindleyplace, Birmingham, B1 2HB.**

fax - send the completed form by fax to **0345 113 0003.**

e-mail – complete, scan & attach the scanned document to the email and send to cs@altocard.co.uk.

On receipt and processing of your request, your funds will be available on your card(s) within 2 working days. You can check your balance at any time on the website at www.altocard.co.uk.

FOR BANK USE ONLY

Confirm that this form is signed in accordance with our customer mandate, and cardholder details have been verified.

Signature

Date

Name

Position

Total funding processed to ALTO card(s)

£

Date Received

Date Processed

Time Processed