

ACCESSPAY USER ENROLLMENT FORM	
Company Name:	
Primary Contact Name:	
Phone Number:	
Email:	

A: USER DETAILS (To be filled in by the requesting organisation)

Full Name:	
User Name :	
Phone Number :	
Valid Email Address :	
User Profile :	Initiator Authorizer: Level 1 <input checked="" type="checkbox"/> Level 2
Amount Limit :	

Full Name:	
User Name :	
Phone Number :	
Valid Email Address :	
User Profile :	Initiator Authorizer: Level 1 <input type="checkbox"/> Level 2
Amount Limit :	

Full Name:	
User Name :	
Phone Number :	
Valid Email Address :	
User Profile :	Initiator Authorizer: Level 1 <input type="checkbox"/> Level 2
Amount Limit :	

Full Name:	
User Name :	
Phone Number :	
Valid Email Address :	
User Profile :	Initiator Authorizer: Level 1 <input type="checkbox"/> Level 2
Amount Limit :	

Please indicate below the details of your Access Bank Account	
Account Name	Account Number