



Collections

Client configuration form

Please complete this form and provide documentary evidence as appropriate. Submission of fraudulent documentation and false information will lead to refusal of this application and denial of service.

Instructions


1. Complete every part of this form in BLOCK letters.
2. Attach photocopies of relevant documents including Certificate of Company's registration where required
3. Attach a completed system access form and authorization letter on business letterhead

QuickTeller I.D. (Assigned by InterSwitch)

--

SECTION 1 Company Information	Please complete this section with information about the biller/ merchant/Funds recipient.	
	Name	
	Address	Required Channels <input type="checkbox"/> Quickteller Websites <input type="checkbox"/> Internet banking partners <input type="checkbox"/> Mobile money partners <input type="checkbox"/> Mobile Banking partners <input type="checkbox"/> ATMS <input type="checkbox"/> *Retail locations <input type="checkbox"/> *Bank Branches <input type="checkbox"/> *Quickteller checkout
	Website:	

SECTION 2 Contact Information	This section gathers information about the contact persons in the biller/merchant/ recipient organization	
	Name or primary contact person	Name or secondary contact person
	Designation	Designation
	Office telephone / extension	Office telephone / extension
	Mobile phone	Mobile phone
	Email address	Email address

SECTION 3 Extended Information	This sections gathers a little more information on the collections requirements	
	How should your service be displayed on Quickteller  DSTV Subscription <i>Title</i> Pay DSTV bills <i>Action</i>	Title: <i>[maximum of 20 characters]</i> Action: <i>[maximum of 20 characters]</i>
	Customized url <i>[e.g. www.quickteller.com/dstv]</i> WWW.QUICKTELLER.COM/[.....]	
	Customer Reference to validate the payer <i>(This is the description of the unique identifier for payers; e.g. decoder number, order number, payee ID, phone number, etc.)</i>	
	Is customer validation required for all payments?	

SECTION 3	Customer support email address	Customer support phone number
	Settlement frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Monthly first/last day of the month	
	Company logo <i>Please provide company logo in .jpg, .gif or .png standard image formats</i>	

SECTION 4 Payment Items Information	This sections gathers information about the items that payers will be paying for at all QuickTeller channels			
	PRODUCT/SERVICE	PRICE	FIXED PRICE?	LEAD BANK and ACCOUNT NUMBER <small>Monies for this product/service would be settled to this bank from all collecting banks</small>

SECTION 5 Bank Cards Information	This sections gathers information on which banks' cards can be used to accept payments			
	<input type="checkbox"/> Access Bank	<input type="checkbox"/> ETB	<input type="checkbox"/> Intercontinental	<input type="checkbox"/> Sterling Bank
<input type="checkbox"/> Afribank	<input type="checkbox"/> FCMB	<input type="checkbox"/> Oceanic Bank	<input type="checkbox"/> UBA	
<input type="checkbox"/> Bank PHB	<input type="checkbox"/> Fidelity Bank	<input type="checkbox"/> Skye Bank	<input type="checkbox"/> Union Bank	
<input type="checkbox"/> Citibank	<input type="checkbox"/> Fin Bank	<input type="checkbox"/> Spring Bank	<input type="checkbox"/> Unity Bank	
<input type="checkbox"/> Diamond Bank	<input type="checkbox"/> First Bank	<input type="checkbox"/> Stanbic IBTC	<input type="checkbox"/> WEMA Bank	
<input type="checkbox"/> Ecobank	<input type="checkbox"/> GTBank	<input type="checkbox"/> Standard Chartered	<input type="checkbox"/> Zenith Bank	

SECTION 6 Bank Terminals Information	This sections gathers information on which banks' terminals can be used to accept payments			
	<input type="checkbox"/> Access Bank	<input type="checkbox"/> ETB	<input type="checkbox"/> Intercontinental	<input type="checkbox"/> Sterling Bank
<input type="checkbox"/> Afribank	<input type="checkbox"/> FCMB	<input type="checkbox"/> Oceanic Bank	<input type="checkbox"/> UBA	
<input type="checkbox"/> Bank PHB	<input type="checkbox"/> Fidelity Bank	<input type="checkbox"/> Skye Bank	<input type="checkbox"/> Union Bank	
<input type="checkbox"/> Citibank	<input type="checkbox"/> Fin Bank	<input type="checkbox"/> Spring Bank	<input type="checkbox"/> Unity Bank	
<input type="checkbox"/> Diamond Bank	<input type="checkbox"/> First Bank	<input type="checkbox"/> Stanbic IBTC	<input type="checkbox"/> WEMA Bank	
<input type="checkbox"/> Ecobank	<input type="checkbox"/> GTBank	<input type="checkbox"/> Standard Chartered	<input type="checkbox"/> Zenith Bank	

SECTION 7 Notification Requirements	This sections gathers information on how your systems would integrate with the InterSwitch platform		
	<input type="checkbox"/> Direct HTTP Integration for customer validation	<input type="checkbox"/> Direct HTTP Integration for Payment notification	<input type="checkbox"/> Email notification for every payment received
<input type="checkbox"/> CSV upload and download	<input type="checkbox"/> None		

QuickTeller Terms & Conditions

As a result of the possible attempt by fraudsters to attack unsuspecting cardholders, it has become imperative for your Company/ establishment to agree and execute the following terms & conditions:

1. That you will ensure that all necessary security is put in place to guard against the menace of card and e-payment fraudsters with reference to payments your organization receives via the QuickTeller channel
2. That you will take adequate measures to ensure that only genuine cardholders get value for whatever product or service from which you have received payment via the QuickTeller platform.
3. That for goods that require physical delivery, you will ensure that full and traceable details of the purchaser is acquired and presented upon request by InterSwitch on behalf of any of the participating banks.
4. That in the event that a participating bank on the InterSwitch network reports a transaction as fraudulent before the delivery of a product or service, the delivery of such products or services must be halted if such service has not been delivered. InterSwitch will take responsibility for authorizing the reversal of the initial transaction so the funds can be remitted to the aggrieved party.
5. That you will keep adequate records of all delivery notes and invoice for all products sold and delivered on the QuickTeller platform and furnish InterSwitch with same in the event that a transaction is confirmed as fraudulent.
6. That you will abide by all security standards and regulations that may be released by InterSwitch from time to time.

I, on behalf of hereby certify that the information provided in this form is true and accurate. I agree thatreserve the right to take appropriate measure including legal actions if the information here is discovered to be false.

Signature Designation Date.....

Company seal.....

For InterSwitch use only

SECTION 1 Payment Items Information	PRODUCT NAME	PRODUCT SHORT NAME (8 characters max)	CONFIGURED PAYMENT CODE

SECTION 2 Other Information	Customer convenience surcharge		
	Collections fee		
	Collections fee sharing	ISW: _____ Collecting Bank: _____ Lead Bank: _____ ISO: _____	
	Configured biller category		
	Other setup information		
	Data Exchange Method	<input type="checkbox"/> Manual PAYDirect upload & download <input type="checkbox"/> Generic ESB bundle <input type="checkbox"/> Other (<i>describe</i>) _____	
	Specify additional details to be captured at the point of payment if applicable	Field Name	Is Mandatory?



SYSTEM ACCESS REQUEST FORM

SECTION 1 USER INFORMATION	Name:
	Full Names: _____
	Designation: _____ Department _____
	Email: _____
	Office No: _____
	Mobile No: _____
	Signature: _____

SECTION 2 SYSTEM REQUIREMENTS	Please Specify the system(s) to which you require access:
	<input type="checkbox"/> PAYDirect™ <input type="checkbox"/> AutoPay™ <input type="checkbox"/> Extraswitch™ <input type="checkbox"/> VTUCare™ <input type="checkbox"/> Other (please specify): _____
	If not sure of the system as inquired above, please state what function(s) you would like to gain access to perform. _____ _____ _____ _____

Authorised by:

Full Names		Signature	
Designation		Date	

Please fill this form and return to Interswitch. This is to be accompanied by an authorizing letter from your institution signed by a higher ranking officer than yourself

Print more copies of this page if required.