

SYSTEM ACCESS REQUEST FORM

SECTION 1 USER INFORMATION

Name: CLARETIAN UNIVERSITY OF NIGERIA
 Full Names: Rev. Fr. (Dr.) WENCE MADU CMF
 Designation: VICE CHANCELLOR Department: _____
 Email: VC@CLARETIANUNIVERSITY.EDU.NG
 Office No: _____
 Mobile No: 08035504151
 Signature: _____

SECTION 2 SYSTEM REQUIREMENTS

Please Specify the system(s) to which you require access:

☐ PAYDirect™
☐ AutoPay™
☒ Extraswitch™
☐ VTUCare™
 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.

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 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	<u>Rev. Fr. (Dr.) WENCE MADU</u>	Signature	<u>Wence Madu</u>
Designation	<u>VICE CHANCELLOR</u>	Date	<u>08/06/2021</u>

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

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