

The **co-operative** bank

# **BACSTEL-IP**

Corporate Banking application form

# Guide for completion of the BACSTEL-IP Application Form

This guide is to help you complete the application form. Please read the instructions on the form carefully. Complete the form in black pen. Should you require any assistance when completing this form, please telephone BACS Support on 0161 903 5354.

## Customer name and address

### Business/organisation name

Official name of your organisation (including PLC etc)

### Communications address

Name of person including position and full postal address to whom BACS communications should be sent.

## Delivery to BACS

The customer is responsible for the delivery of electronic submissions. For information purposes the BACS processing cycle is detailed below. Please note this timetable cannot under any circumstances be shortened.

## The processing cycle

### Input day

22:30 hours is the latest time for receipt of submission at BACS.

### Processing day

The date recorded in the User Header Label to identify the intended BACS processing cycle.

### Entry day

The date on which debits and credits are posted to accounts.

NB. This processing cycle will always be three consecutive English bank working days.

## Your account details

### Main account

This account number is used by BACS only when an incorrect nominated account number is quoted.

### Nominated account

This is the account which is debited or credited with the total value of each submission. You can have more than one nominated account if required. If you wish, the main and nominated accounts details can be the same.

### Redirection account

Any items which cannot be processed to the destination account may, if required, be returned to an account other than the nominated account.

This is known as a REDIRECTION ACCOUNT.

### Value and period of credit limit

The credit limit of your nominated account(s) should be sufficient to cover the cumulative value of all your submissions during the period you have requested (e.g. weekly, monthly). We recommend that you build a 25% margin into the normal value of payments to cover such instances as increased wage or salary costs, holiday pay etc. The credit limits must be reviewed at regular intervals and requests for increased limits should be channelled through your Business Centre.

## Signatures

The form must be signed by the authorised signatory/signatories in accordance with the bank account mandate.

### On completion of the form

When the form is complete forward to Computer Banking Services, who will confirm the Signature(s) and forward the form to your Business Centre, (The Co-operative Bank p.l.c., King's Valley, Yew Street, Stockport SK4 2JU). A User Number will be allocated to you. A BACS user manual will also be issued and arrangements can then be made for Testing as outlined in the Manual.

### Primary security contacts

Two primary security contacts must be set up to maintain and manage the system for all other users. Primary security contacts must provide details in **section 3** of the **bsecure** application form, **bsecure** authorised users. We will contact you for additional security information. These contacts will be used out of hours if BACS Ltd are unable to process your file.

## (1) Business/organisation name and address

Business/Organisation name

Address   
  
  
 Postcode

Email address

## (2) Primary security contact

**(a)** Title  Forename  Second initial(s)  Surname   
Position  Email address   
Telephone number  Out of hours telephone number

**(b)** Title  Forename  Second initial(s)  Surname   
Position  Email address   
Telephone number  Out of hours telephone number

## (3) Your account details

Your account sort code

	Main account	Nominated account	Nominated account (2) if required
Your account numbers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Redirection account sort code(s) (if required)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Redirection account (if required)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period of credit limit	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Value of credit limit including a 25% margin	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Individual item credit limit	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

## (4) Submitting details – direct submitters only

**(a)** Frequency of submission  
 Daily  Weekly  Fortnightly  4-weekly  Monthly  If other, please state

**(b)** Purpose of submission  
 Council tax  N.N.D.R.  Salaries  Wages  Subscription  If other, please state

**(c)** Connection method Select the connect method(s) to be used by this service user when using their software package  
 Internet  Fixed extranet  Dial-up extranet If dial-up extranet select one of the following:  V90/92 modem  Single channel ISDN  Dual channel ISDN

**(d)** Software package Name List the names of the software packages that are to be used by this service user (these are provided by the solution supplier)  
1.  2.  3.

## (5) Declaration and consent

I/We request that The Co-operative Bank p.l.c. registers the above named Business/organisation for the BACSTEL-IP service and confirm that the terms and conditions relating to the BACSTEL-IP service have been read and agreed.

### Your consent

It is important that you read and understand the section entitled Using & Sharing Your Information (including the parts about credit reference and fraud prevention agencies) in the terms and conditions. By signing this application you agree that we can use your information in this way.

**To be signed by the authorised signatory/signatories in accordance with the bank account mandate.**

Signature	×		Signature	×	
Date			Date		
Signature	×		Signature	×	
Date			Date		

## (6) What to do next

Please return your completed BACSTEL-IP application form in the reply paid envelope provided, or to:

**Computer Banking Services, The Co-operative Bank p.l.c., King's Valley, Yew Street, Stockport SK4 2JU.**

## For bank use only

We confirm the account details (including limit and signature(s)) quoted above. Complete signature boxes in confirmation that details are correct. Return the completed application form to The Co-operative Bank, BACS Support, Electronic Payments, 2nd Floor, Miller Street, Manchester M16 0AL.

Signature for manager	
Name (block caps.)	
Branch	
Industry type	
Admin set ID	
Date	

User number           has been allocated, and the test files have been established at BACS in accordance with the above

Organisation ID	
Signature for BACS Support (Miller Street)	
Date	

**Please call 08457 654 654 if you would like to receive this information in an alternative format such as large print audio or Braille.**

The Co-operative Bank is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (No.121885) and holds an Interim Permission in respect of consumer credit activities and subscribes to the Lending Code and the Financial Ombudsman Service.

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