

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 Liaison on 0344 847 6718 (8am - 4.30pm, Mon to Fri).

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 Digital Business Banking, who will confirm the Signature(s) and forward the form to your Business Centre. 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.

Note: It is mandatory for all service users to successfully complete the Service User training prior to being permitted to use the BACS facility. Training will be provided to the two nominated members of staff. The training provides the Service User with detailed information to understand and encourage compliance to the Scheme Rules.

It is recommended that this is undertaken by at least one senior member of staff. Please provide details below of the two members who will undertake the training.

1st nominated member of staff

Name: _____

Email: _____

2nd nominated member of staff

Name: _____

Email: _____

(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 codes	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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"/>
Redirection account (if required)		<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 Direct Debit Collections If other, please state

(c) Software Package ID List the IDs for the software packages that are to be used by this service user (format "SFP-####"). These are required to identify the specific software.
1. 2. 3.

(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.

(e) Transfer of Sponsorship
Name of BACS Facility you wish to transfer: Existing Service User Number:

(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 to:

Digital Business Banking, FREEPOST NAT5915, The Co-operative Bank p.l.c., Delf House, Southway, Skelmersdale WN8 6ZX.

You can also email your completed form to bsecure@co-operativebank.co.uk

Please call 03457 213 213* (8am - 6pm Mon to Fri, 9am - 12 noon Sat) if you would like to receive this information in an alternative format such as large print, audio or Braille.

The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register No: 121885). Registered office: 1 Balloon Street, Manchester, M4 4BE. Registered in England and Wales (Company No: 990937).

*Calls to 03 numbers from a UK landline cost up to 16p per minute and from a mobile cost between 3p and 65p if outside any inclusive minutes. Charges for calls made outside of the UK will be determined by your local provider. Calls may be monitored or recorded for security and training purposes.

Information correct as at 11/2024.