

The **co-operative** bank

# **Business account**

Current Account Partial Switch Service

# Welcome to The Co-operative Bank

Thank you for choosing to switch your business account to The Co-operative Bank. Using the Partial Switch Service is a straightforward process, free of charge and will give you the peace of mind of knowing that your regular payments will continue to be paid on the same day each month.

## Using the Partial Switch Service

### What you need to do:

- Complete, sign and return the switching form attached.
- Confirm whether or not you wish to see your payments list (standing orders, Direct Debits and bill payments) prior to them being set up on your account with us.
- If you receive direct credits into your account, please contact the sender advising them of your new account details. A form is included at the back of this booklet to assist you with this.

### What we will do:

Once you have opened a new account and you have returned the switching form to us:

- We will ask your old bank for a list of all the standing orders, Direct Debits and bill payments that you have on your old account.

### We will then (if requested):

- Make a copy of the list available to you if you have requested it.
- Set up the standing orders and bill payments on your new account.
- Advise the Direct Debit companies of your new account details and ask them to change their records, as it remains their responsibility to maintain accurate records.
- Finally, we will send you a confirmation letter when the switching process is complete.

# Welcome to The Co-operative Bank

## Consent

You (or each of you, if more than one of you is required to authorise your account switch) agree and confirm that:

- you will be bound by the terms of this Agreement
- you will select and agree a Switch Date with us
- all information that you have given to us for the purposes of the switch is complete and correct.

### Previous Bank Account Transfer Authority

Please accept this as my/our signed authority to supply The Co-operative Bank with a list of standing order/Direct Debit/bill payment mandates currently set up on my/our account as detailed below.

Please transfer my payment mandates and keep my old account open (I understand that I will have to transfer the balance of the account myself).

If you wish to receive a copy of the list of payments provided by your previous bank (before we transfer the payments) please tick this box. (Please be aware that choosing this service will lengthen the account switching process.)

If you do not wish to receive a copy of the list of payments provided by your previous bank (before we transfer the payments) and you want us to set up as per the list provided please tick this box.

The number of signatories is dependent on the account mandate requirements.

Old account number  Sort code

New account number  Sort code

You would like the Switch Date to be  or any other date we agree with you.

In providing the personal information of other individuals, I/we confirm that they have been informed of, and have provided their explicit consent to this use of their information.

Signature  Printed name

Signature  Printed name

Date

Where you are signing on behalf of a legal entity:

Name of company  Title

Please provide a contact name, telephone number and email address in the event we need to contact you in the switch process.

Name  Telephone number

Email



# Switching Form (Business accounts only)

If you wish to switch your existing bank account to an account held at The Co-operative Bank, please complete this form in full in **BLOCK CAPITALS** and return either by email to our switching team at [BusinessSwitching@co-operativebank.co.uk](mailto:BusinessSwitching@co-operativebank.co.uk) or alternatively, please post to: The Co-operative Bank, PO Box 250, Skelmersdale, Lancashire WN8 6WT.

## Section 1 – Co-operative Bank Account Details: please complete the details of The Co-operative Bank account you would like to switch to

Sort code	<input type="text"/>	Current account no.	<input type="text"/>
Full business name	<input type="text"/>		

## PLEASE ENSURE THE INFORMATION COMPLETED BELOW IS EXACTLY THE SAME AS THAT OF YOUR OLD ACCOUNT

## Section 2 – Previous Bank Account Details: please complete the details of the account you would like to switch from.

Bank/building society name	<input type="text"/>		
Sort code	<input type="text"/>	Current account no.	<input type="text"/>
Account name	<input type="text"/>		

## Section 3 – Organisation Details

Business name	<input type="text"/>		
Business type (e.g. Sole Trader, Partnership or Limited Company)	<input type="text"/>		
Date of business establishment	<input type="text"/>	Registration number (if applicable)	<input type="text"/>
Date of registration (if applicable)	<input type="text"/>	Board resolution (if applicable)	<input type="text"/>

## Section 4 – Organisation Addresses

Correspondence address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Please tick here if your business address and registered address are the same as your correspondence address <input type="checkbox"/> if not please complete details below			
Business address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Registered address	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>

**Section 5 – Account Parties:** Please arrange for all authorised persons on your account at both banks to complete this section.

Position in company (e.g. Director, Treasurer, Sole Trader)  Authorised Signature Yes  No

Title  Forename

Middle name  Surname

Date of birth  Nationality

Do you have a debit card for this account? Yes  No  Last five digits of your old debit card number

Residential address

Postcode  Country

Position in company (e.g. Director, Treasurer, Sole Trader)  Authorised Signature Yes  No

Title  Forename

Middle name  Surname

Date of birth  Nationality

Do you have a debit card for this account? Yes  No  Last five digits of your old debit card number

Residential address

Postcode  Country

Position in company (e.g. Director, Treasurer, Sole Trader)  Authorised Signature Yes  No

Title  Forename

Middle name  Surname

Date of birth  Nationality

Do you have a debit card for this account? Yes  No  Last five digits of your old debit card number

Residential address

Postcode  Country

Position in company (e.g. Director, Treasurer, Sole Trader)  Authorised Signature Yes  No

Title  Forename

Middle name  Surname

Date of birth  Nationality

Do you have a debit card for this account? Yes  No  Last five digits of your old debit card number

Residential address

Postcode  Country

# Credit redirection letter

This letter should be completed by yourself and sent to any organisation who make regular payments into your bank/building society account(s). Please note: this form should only be sent once you have received a letter from us stating your completion (switching over) date. If you are not switching over any Direct Debits or standing orders then there is no need to wait, so please complete this form and post it at your earliest convenience.

## Remitter instruction

To:

For the attention of:

Dear Sir/Madam

Advice of new bank/building society account details for:

Business name:

Salary/payment reference number\*:

Other reference number\*:

Date of birth:

National Insurance number\*:

Old branch sort code:

Old account number:

Old building society roll number (if applicable):

Please send all future payments to my/our new bank/building society, account details shown below.

These new details should be used with effect from

(insert date)

New branch sort code:

New account number:

New building society roll number (if applicable):

New bank name:

New account name:

Yours faithfully

Customer signature:

Date:

\*Complete as appropriate. Please note that for a salary/pension or benefit redirection you must provide your salary/pension reference number, your National Insurance number, and your date of birth.

## Remitter instruction

To:

For the attention of:

Dear Sir/Madam

Advice of new bank/building society account details for:

Business name:

Salary/payment reference number\*:

Other reference number\*:

Date of birth:

National Insurance number\*:

Old branch sort code:

Old account number:

Old building society roll number (if applicable):

Please send all future payments to my/our new bank/building society account details shown below.

These new details should be used with effect from

(insert date)

New branch sort code:

New account number:

New building society roll number (if applicable):

New bank name:

New account name:

Yours faithfully

Customer signature:

Date:

\*Complete as appropriate. Please note that for a salary/pension or benefit redirection you must provide your salary/pension reference number, your National Insurance number, and your date of birth.

**Please call 03457 213 213\* (8am to 6pm Monday to Friday and 9am to 12 noon on Saturday) 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 network provider. Calls may be monitored or recorded for security and training purposes.

Information correct as at 05/2025.