

BACSTEL-IP

Bureau user

Application form

Guide for completion of the BACSTEL-IP bureau user 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 to 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.

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 2 of this form. 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.

Alternative security method (ASM)

This method allows access to the system by using a contact ID and password. This log-on method only allows access to low risk functions such as collection or viewing by reports and the maintenance of non-sensitive reference data.

Delivery to BACS

The customer's appointed bureau 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 your relationship manager who will confirm the signature(s) and forward the form to BACS Liaison. If you do not have a relationship manager, please email the completed form to blss@co-operativebank.co.uk. A user number will be allocated and an email sent to you to confirm this. You should then forward this to your bureau provider as confirmation that your BACS facility has been set up at BACS Ltd.

A BACS service user guide will also be issued.

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 communication address

Business/Organisation name

Title Forename Second initial(s)

Surname

Communication address

Postcode

Email address

2 Primary security contact for alternative security method (ASM)

(a) Title Forename Second initial(s) Surname

Email address

Telephone number Out of hours telephone number

(b) Title Forename Second initial(s) Surname

Email address

Telephone number Out of hours telephone number

3 Bureau details

Bureau name Bureau number

4 Your account details

Your account sort code(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Main account	Nominated account	Nominated account (2) if required
Your account number(s)	<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
Value of credit limit including a 25 % margin	<input type="text"/>	<input type="text"/>	
Individual item credit limit	<input type="text"/>	<input type="text"/>	

5 Submitting details

(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

6 Transfer of Sponsorship

Name of BACS Facility you wish to transfer:

Existing Service User Number:

7 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.

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

Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

8 What to do next

Please return your completed BACSTEL-IP bureau user application form to your relationship manager. If you do not have a relationship manager, please email the completed form to blss@co-operativebank.co.uk.

Please call 03457 213 213* (8am to 6pm Mon to Fri, 9am to 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 (No.121885). The Co-operative Bank, Platform, smile and Britannia are trading names of The Co-operative Bank p.l.c., P.O. Box 101, 1 Balloon Street, Manchester M60 4EP. Registered in England and Wales No.990937. Credit facilities are provided by The Co-operative Bank p.l.c. and are subject to status and our lending policy. The Bank reserves the right to decline any application for an account or credit facility. The Co-operative Bank p.l.c. subscribes to the Standards of Lending Practice which are monitored by the Lending Standards Board.

*Calls to 03 numbers cost the same as calls to numbers starting with 01 and 02. Calls may be monitored or recorded for security and training purposes. Information correct as at 11/2022.