## Suite of Bacs Services for Agency Banks LLOYDS BANK

## **Guidance notes**

This application form is to be completed by Agency Banks for access to the following services:

- BACSTEL-IP 'A' Services
- AUDDIS Report
- Submission of Direct Debit Indemnity Claims

On receipt of the completed application form Lloyds Bank plc as Sponsoring Bank will set up your details on the Bacs Payments Services Website. If you have further queries on the use or completion of this form please contact your Client Manager.

## **DESCRIPTION OF THE BACSTEL-IP 'A' SERVICES**

MESSAGING SERVICES:

ADDACS – the Automated Direct Debit Amendment & Cancellation Service used to advise of changes to existing Direct Debit Instructions

AWACS – the Advice of Wrong Accounts for Credits received used to advise of the correct details for credits received

AUDDIS returns – the Automated Direct Debit Instruction Service

used to advise of the return of (new) AUDDIS Direct Debit Instructions

**DESCRIPTION OF THE 'AUDDIS REPORT'** 

 ${\tt DDI \, Voucher \, report \, for \, Agency \, Bank \, (AUDDIS \, report) \, used \, to \, advise \, agency \, banks \, of \, new \, Direct \, Debit \, Instructions}$ 

ZERO ACCOUNT ADVICES FOR AGENCY BANK

used to advise agency banks of zero account advices

DESCRIPTION OF THE 'DIRECT DEBIT INDEMNITY CLAIM AUTOMATION' (DDICA)

used to originate/cancel Direct Debit Indemnity Claims

DESCRIPTION OF THE DDIC ADVICE TRACE

used for carrying out a trace on a Direct Debit Indemnity Claim

RETURN PAYMENTS SERVICES:

ARUDD – the Automated Return of Unpaid Direct Debits

used to advise of Direct Debits being returned unpaid

ARUCS – the Automated Return of Unapplied Credits

used to advise of the return of credits received that cannot be applied to the destination account

Agency Bank contact privileges (Primary Security contact details)

The input and the approval of submissions must be performed by separate contacts. Therefore you must have at least two agency bank contacts registered. However, sufficient contacts should be set up to allow for absence etc. Agency Bank contacts will also access messaging submission reports to confirm the successful processing of their submissions.

The following privileges relating to the above mentioned services are available:

BACSTEL-IP 'A' SERVICES								
Privilege:	Allows the contact to:							
Messaging submission (manual input)	Manually enter messaging advices							
Messaging submission (bulk file input)	Upload a CSV file of messaging advices							
Messaging submission (approve)	Approve a manually entered messaging submission or a file upload of a messaging submission							
Messaging submission reports (view/download report)	Access the messaging submission report and the submission error report of rejected advices (for ADDACS, AWACS and AUDDIS returns)							
Return payment submission (manual input)	Manually enter return payment submissions							
Return payment submission (bulk file input)	Upload a CSV file of messaging advices							
Return payment submission (approve)	Approve a manually entered return payment submission or a file upload of return payment submission							
AUDDIS REPORT								
View/download DDI Voucher report	Access the Agency Bank version of the DDI voucher report							
View/download Zero Account Advices	Access the Agency Bank version of Zero Account Advices							
DDICA								
DDIC Messaging Submission (manual input)	Manually enter Direct Debit Indemnity Claims							
DDIC Messaging Submission File Upload (input)	Upload a CSV file of Direct Debit Indemnity Claims							
DDIC Cancellation Submission (manual input)	Cancel Direct Debit Indemnity Claims							
DDIC Messaging Submission (approve)	Approve manually entered Direct Debit Indemnity Claims							
DDIC Messaging Cancellations (approve)	Approve cancellation of Direct Debit Indemnity Claims							
DDIC Messaging Submission File Upload (approve)	Approve CSV file upload Direct Debit Indemnity Claims							
View/download DDIC Reports	Access DDIC Reports							
DDIC Advice Trace	Trace Direct Debit Indemnity Claim							

You must ensure that all Contacts within your Organisation comply with all Instructional Material and User Guides provided to You by Us or Bacs.

On receipt of a signed application form by the Bank your organisation will be considered to have accepted the Lloyds Bank Suite of Bacs Services for Agency Banks Terms and Conditions.

1 Service details										
1.1 Service User details										
Please write clearly in the white spaces with capital letters or cross the boxes.										
Service User Name (this is the name that best represents your organisation's use of the Bacs Services)										
Originator user number (if known)										
Service User e-mail address (Mandatory. This can be a personal or general e-mail address relating to your organisa	sation)									
Addressee name										
Service User postal name (will be used by Bacs for any postal correspondence)										
First line of address										
Second line of address										
City or Town										
County										
Post code Country (if not UK)										
2 Account details										
2.1 Main account										
Please complete this section in full.										
Branch name	Account name									
Settlement branch sort code Settlement account number	Legal entity (Bank) England and Wales Guernsey									
	$\boxtimes$									
If you require more than one cettlement account to be added place list the details below	Isle of Man Jersey									
If you require more than one settlement account to be added please list the details below  Settlement branch sort code  Settlement account number										
	Credit limit (£)									
Settlement branch sort code Settlement account number	This limit needs to be sufficient for your ARUCS returns (unapplied Bacs credits).									

3	Prin	nary Securi	ity Contact	(PSC) det	ails															
3.1	_		ecurity Cor																	
Title	Mr	Mrs	Miss	Ms	Other (please spe	ify)														
First nam																				
Last name	e																			
Office tele	ephone nun	nber																		
Mobile nu	ımber (if av	ailable)																		
Fau aveab	(16 11-	-1-2																		
Fax nume	er (if availa	oie)																		
F-mail ad	dross (This	thould be a ners	onal e-mail add	ress but can be	a general e-mail add	oss rolating	s to your or	ganication	ın)											
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Smart Car	d required?					Yes	No													
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First line o	of address																			
Second lin	ne of addres	s																		
Secondin	ic or addres															Т				
Third line	of address																			
City or To	wn																			
County														Post code	9					
	Serv	rices and P	rivileges																	
Please cro	oss the boxe	s for access to t	he relevant Serv	rices and Privile	ges															
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3 Primary Security Contact ( Services and Privileges	PSC) details			continued
AUDDIS Report			Sort code(s)	Continued
DDI Voucher Report for Agency	Yes	No 🔀	Agency Bank sort code(s)  3 0	Agency Bank sort code(s)
Zero Account Advices for Agency	Yes	No	Agency Bank sort code(s) 3 0	Agency Bank sort code(s)
DDICA				
Input method	Manual entry	CSV file upload		
DDIC Messaging Submission				
File Upload (input)	Yes	No		
File Upload (input/approve)				
Manual Entry (input)				
Manual Entry (input/approve)				
Approve				
DDIC Cancellation Submission				
Manual Entry (input)	Yes	No		
Manual Entry (input/approve)				
DDIC Messaging Submission and Cancellations (approve)				
DDIC Advice Trace	Yes	No X		
DDIC Reports Service				
View/download DDIC Submission Report	Yes	No		
View/download DDIC Submission Error Report				
View/download DDIC Settlement and Rejection Report				
View/download DDIC Cancellation Error Report	$\boxtimes$	$\boxtimes$		
For bank use only				
Contact ID				

3 Primary Security Contact (	PSC) details								
3.2 Second Primary Security C									
Title Mr Mrs Miss	Ms Other (please spe	ecify)							
	S Cuties (pieuse sp.	ceny,							
First name									
Last name									
Office telephone number									
Mobile number (if available)									
Fax number (if available)									
E-mail address (This should be a personal e-mail addre	ess but can be a general e-mail add	dress relating to your organis	sation)						
			10000000000000						
Smart Card required?		Yes No							
			Note: Access to AUDDIS Reports and DDICA privileges of	an be allocated to existing Smart Cards.					
*If yes please complete the card holder name  **If no please provide your contact ID									
*Smart Card holder name (this name will appear on yo	ur Smart Card and should be speci	ific to the card holder)							
Smart Card noider name (this name will appear on yo	or smart card and should be speci	ilic to the card holder)							
**Contact ID (this can be found on the front of your Sm	art Card)								
Contact is (this can be round on the mont or your sin	arcardy								
Please complete if Smart Card issuance address is different to address provided within Section 1.1.									
First line of address									
Second line of address									
Third line of address									
City or Town									
County			Post code						
Services and Privileges									
Please cross the boxes for access to the relevant Service	es and Privileges								
DA 66771 ID (4) 6771/1676									
BACSTEL-IP 'A' SERVICES	MACC - LAURRIC - I		D. J. D. J. J. G. L. J. J. CARDID	D I A DUGG)					
Messaging Submission (*ADDACS, AV			Return Payments Submission (*ARUD	Yes No					
*For a description of these services please refer to the	yes No	form.	Bulk file input	Yes					
Bulk file input			Manual input						
Manual input			Approve						
Approve				X X					
View / download			Do you also require a contact ID and password access to collect reports from BACS?	X					
View / download Messaging Submission Reports				CS issued ID and password (BACS will advise you of these					
	Manual entr	a unload	by e-mail). Please complete the memorable information contact ID and password.	i, which you will need to use in order to obtain your					
Input method	$\mathbf{Q}$	e upload	Memorable information						
			Memorable information hint						

3 Primary Security Contact (	PSC) details			
Services and Privileges				continued
AUDDIS Report			Sort code(s)	
DDI Voucher Report for Agency	Yes	No	Agency Bank sort code(s)	Agency Bank sort code(s)  3 0
Zero Account Advices for Agency	Yes	No	Agency Bank sort code(s)	Agency Bank sort code(s)  3 0
DDICA				
Input method	Manual entry	CSV file upload		
DDIC Messaging Submission				
File Upload (input)	Yes	No		
File Upload (input/approve)				
Manual Entry (input)				
Manual Entry (input/approve)				
Approve				
DDIC Cancellation Submission				
Manual Entry (input)	Yes	No		
Manual Entry (input/approve)				
DDIC Messaging Submission and Cancellations (approve)				
DDIC Advice Trace	Yes	No		
DDIC Reports Service	v			
View/download DDIC Submission Report	Yes	No		
View/download DDIC Submission Error Report				
View/download DDIC Settlement and Rejection Report				
View/download DDIC Cancellation Error Report				
For bank use only				
Contact ID				

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3 Primary Security Contact (									
3.3 Third Primary Security Cor									
Title Mr Mrs Miss	Ms Other (please sp	ecify)							
First name									
Last name									
Lascrianie									
Office telephone number									
Mobile number (if available)									
Fax number (if available)									
E-mail address (This should be a personal e-mail addre	ss but can be a general e-mail ac	dress relating to your organis	sation)						
Smart Card required?		Yes No	Note: Access to AUDDIS Reports and DDICA privileges can be allocated to existing Smart Cards.						
*If yes please complete the card holder name									
**If no please provide your contact ID									
*Smart Card holder name (this name will appear on you	ur Smart Card and should be spec	cific to the card holder)							
**Contact ID (this can be found on the front of your Sm	art Card)								
Please complete if Smart Card issuance address is different to address provided within Section 1.1.									
First line of address	rent to address provided within.	Section 1.1.							
Second line of address									
Third line of address									
City or Town									
County			Post code						
Services and Privileges									
Please cross the boxes for access to the relevant Service	es and Privileges								
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Approve			Do you also require a contact ID and password access to						
View / download			collect reports from BACS?						
Messaging Submission Reports			If Yes you will be able to view/collect reports using a BACS issued ID and password (BACS will advise you of the: by e-mail). Please complete the memorable information, which you will need to use in order to obtain your						
Input method	Manual entry CSV fil	e upload	contact ID and password.						
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3 Primary Security Contact Services and Privileges	(PSC) details			continued
AUDDIS Report			Sort code(s)	
DDI Voucher Report for Agency	Yes	No .	Agency Bank sort code(s)  3 0	Agency Bank sort code(s)
Zero Account Advices for Agency	Yes	No 🔀	Agency Bank sort code(s)	Agency Bank sort code(s)
DDICA				
Input method	Manual entry	CSV file upload		
DDIC Messaging Submission				
File Upload (input)	Yes	No		
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Approve				
DDIC Cancellation Submission				
Manual Entry (input)	Yes	No		
Manual Entry (input/approve)				
DDIC Messaging Submission and Cancellations (approve)				
DDIC Advice Trace	Yes	No		
DDIC Reports Service				
View/download DDIC Submission Report	Yes	No		
View/download DDIC Submission Error Report				
View/download DDIC Settlement and Rejection Report				
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	Mr Mrs			(please specify)	)														
First name																			
Last name																			
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Mobile num	nber (if available)																		
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E-mail addr	ess (This should be a p	ersonal e-mail addres	s but can be a genera	l e-mail address	relating t	o your orga	anisation)												
Smart Card	required?				Yes	No	Note	e: Access	to AUDI	DIS Repo	orts and [	DDICA p	rivileges	an be all	ocated to	existing Sm	art Cards.		
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Please complete if Smart Card issuance address is different to address provided within Section 1.1.																			
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3	Primary Security Contact (F	PSC) details			
	Services and Privileges				continued
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DDI Vouch	er Report for Agency	Yes	No	Agency Bank sort code(s) 3 0	Agency Bank sort code(s)
Zero Acco	unt Advices for Agency	Yes	No	Agency Bank sort code(s) 3 0	Agency Bank sort code(s)
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Input meti	nod	Manual entry	CSV file upload		
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File Uploa	d (input)	Yes	No		
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Approve					
DDIC C	ancellation Submission				
Manual Er	try (input)	Yes	No		
Manual Er	try (input/approve)				
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DDIC A	dvice Trace	Yes	No .		
DDIC R	eports Service				
View/dow	nload DDIC Submission Report	Yes	No		
View/dow	nload DDIC Submission Error Report				
View/dow Rejection	nload DDIC Settlement and Report				
View/dow	nload DDIC Cancellation Error Report				
	For bank use only				
Contact ID					

4 Contractual arrangements							
References to 'we' and 'us' below are references to your organisation and all undertakings made on behalf of your organisation.  References to 'You' and 'Your' below are references to Lloyds Bank plc.  We confirm that the information given is correct.  We understand it is the responsibility of our organisation to ensure that adequate controls are exercised in the preparation and submission of input data and that the sponsoring bank accepts no liability for any loss or damage arising as a result of fraudulent or negligent actions by our organisation, its servants or agents.	3 We confirm that we have read and will comply with the 'Lloyds Bank Suite of Bacs Services for Agency Banks Terms and Conditions' and any User Guides provided by You and/or Bacs from time to time. We agree that this application form together with such terms and conditions and such User Guides shall together comprise the contract between us and You for the Service. This form must be signed in accordance with the Electronic Banking clause of your Bank Mandate or in accordance with a specific Electronic Banking board resolution. Please contact us if you require a specimen Electronic Banking board resolution.						
Signed for and on behalf of our organisation by							
First authorised signatory	Second authorised signatory						
Your full name (in block capitals)	Your full name (in block capitals)						
Your signature	Your signature						
Date	Date						
Your position	Your position						
	Please send the completed form to your relationship manager.						

## Please contact us if you would like this in Braille, large print or on audio tape.

We accept calls via Text Relay.

We may monitor or record phone calls with you in case we need to check we have carried out your instructions correctly and to help improve our quality of service.

Please remember we cannot guarantee security of messages sent by e-mail.

 $Lloyds\ Bank\ plc.\ Registered\ Office:\ 25\ Gresham\ Street, London\ EC2V\ 7HN.\ Registered\ in\ England\ and\ Wales,\ no.\ 2065.$ 

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 119278. Lloyds Holdings (Jersey) Limited has registered the business name of Lloyds Bank Commercial in Jersey and the Isle of Man and has licensed it to Lloyds Bank International Limited.

Lloyds Bank International Limited. Registered Office and principal place of business: PO Box 160, 25 New Street, St. Helier, Jersey JE4 8RG. Registered in Jersey, number 4029.

Regulated by the Jersey Financial Services Commission. We abide by the Jersey Code of Practice for Consumer Lending.

The Isle of Man branch of Lloyds Bank International Limited is licensed by the Isle of Man Financial Supervision Commission and registered with the Insurance and Pensions Authority in respect of General Business.

 $The Guernsey branch of Lloyds Bank International \, Limited \, is \, licensed \, to \, conduct \, banking, \, investment \, and \, insurance intermediary \, business \, by the Guernsey \, Financial \, Services \, Commission \, under the \, Banking \, investment \, and \, insurance intermediary \, business \, by the Guernsey \, Financial \, Services \, Commission \, under the \, Banking \, investment \, and \, insurance \, intermediary \, business \, by the Guernsey \, Financial \, Services \, Commission \, under the \, Banking \, investment \, and \, insurance \, intermediary \, business \, by the Guernsey \, Financial \, Services \, Commission \, under the \, Banking \, investment \, and \, insurance \, intermediary \, business \, by the Guernsey \, Financial \, Services \, Commission \, under the \, Banking \, investment \, and \, insurance \, intermediary \, business \, by the Guernsey \, Financial \, Services \, Commission \, under the \, Banking \, investment \, and \, insurance \, intermediary \, business \, by the Guernsey \, Commission \, Commis$  $Supervision \ (Bailiwick of Guernsey) \ Law \ 1994, the \ Protection \ of \ Investors \ (Bailiwick \ of \ Guernsey) \ Law \ 1987 \ and \ the \ Insurance \ Managers \ and \ Insurance \ Intermediaries \ (Bailiwick \ of \ Guernsey) \ Law \ 2002.$ 

We aim to provide the highest level of customer service possible. If you do experience a problem, we will always seek to resolve this as quickly and efficiently as possible.

If you would like a copy of our complaint procedures, please contact your relationship manager or any of our offices. You can also find details on our website, at www.lloydsbankcommercial.com/contactus/

For bank use only					
Relationship manager – please of Organisation Name. This is the group name (if	·	enter the registered company	name to which the Service	User Number relates.	
This is mandatory.					
CRISP Customer ID (Corporate)			Market segment		
Or BIT Party ID (Commercial and International) Lo	ocated via BIT – Customer File – Profile	2	Market sector	England and Wales	Guernsey
	Consents	late on the seal		International Control	×
Market sector Commercial	Corporate	International		Isle of Man	Jersey
l authorise the setting of limits as recorded in t Operations of any changes required without de			Relationship manager's	s location and contact number (i	ncluding area dialling code)
the processing of future transmissions.  Relationship manager's name (in block capital:	s)		Telephone		
			Relationship manager's	s stamp	
Relationship manager's signature					
Date					
Relationship manager's e-mail address			000000		
Financial Institutions – please co			Financial Institutions M	lanager's location and contact n	umber (including area dialling code)
I certify that the details and signature(s) are co Financial Institutions Manager's name (in block			Telephone		
			Financial Institutions M	lanager's stamp	
Financial Institutions Manager's signature					
Date					
Financial Institutions Manager's e-mail address					
Account Holding Branch – pleas			Branch stamp		
I confirm that the account details and signature Banking clause of the Bank Mandate.	e(s) quoted are correct and in accorda	ance with the Electronic			
Manager's signature					
Date					
On completion please forward this form to: <b>Gro</b>	oup Operations, 72 Bailey Drive, Gillin	ngham, Kent, ME8 OLS. TNT2	23.		
Group Operations – please com	plete				
BACSTEL-IP input carried out by (Full name)			BACSTEL-IP input check	ked by (Full name)	
Date (dd/mm/yyyy)			Date (dd/mm/yyyy)		
Smart Card input carried out by (Full name)			Smart Card input check		
Date (dd/mm/yyyy)			Date (dd/mm/yyyy)		