## Telepay application



## For Corporate customers only

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Guidance notes  When completing this form we will ask you to select a method of input to Telepay.  If you are unsure, please speak to your business team or Relationship Manager.	Please write clearly in the white spaces with capital lette	rs or cross the boxes.
1 Input method		
Which input method do you require? Fax Telephone (please cross one box only)		
2 Your details		
This section must always be fully completed.	Primary contact name:	
Full name of business	Title Mr Mrs Miss Ms	Other (please specify)
Address	Full name	
Postcode	Secondary contact name:	
Your contact numbers and area dialling codes	Title Mr Mrs Miss Ms	Other (please specify)
Telephone		other (preuse speeling)
Mobile	Full name	
Fax		
3 Your account details		
Your credit limit needs to be agreed with your business team or Relationship Manager.  Additional accounts can be set up for <b>fax</b> and <b>telephone</b> input. Each additional account will be allocated a separate user number.  If you would like to have more than three accounts on this service, please refer to you business team or Relationship Manager.		iis service, please refer to your
Account number 1		
Sort code Account number	Credit limit User	number (Bank use only)
Account name (18 character maximum)	What limit period would you like? Daily Weekly Fo (please cross one box only)	ortnightly 4 weekly Monthly
Account number 2		
Sort code Account number	Credit limit User	number (Bank use only)
Account name (18 character maximum)	What limit period would you like? Daily Weekly Fo (please cross <b>one</b> box only)	rtnightly 4 weekly Monthly
Account number 3		
Sort code Account number	Credit limit User	number (Bank use only)
	£	
Account name (18 character maximum)	What limit period would you like? Daily Weekly Fo (please cross <b>one</b>	ortnightly 4 weekly Monthly

4 Payment type	2		
Please indicate what type of payments you would like to make:			
Account reference	Payment types (e.g. salaries, wages, supplier's payments)  Number of items (the approximate number of payments per submis:		
Account number 1	rayment types (e.g. saidnes, wages, supplier s payments)	romber of items (the approximate nomber of payments per soomission)	
Account number 2			
Account number 3			
5 Your agreement with us			
When completed, please send this form to your business team or Relationship Manager.  SIGNED (by) (for and on behalf of) the customer in accordance with the legal entity signing requirements or authority form given to the Bank which holds the account(s) detailed in Section 3.		I request Lloyds Bank plc to operate the Telepay service in connection with the accounts named overleaf, on the basis of the terms and conditions of the Telepay Customer Agreement, a copy of which has been supplied to us.  I have read and understood the terms and conditions of the Telepay Customer Agreement and agree to abide by them.	
Authorised signature		Authorised signature	
Date	Date		
Name		Name	
Position		Position	
Authorised signature		Authorised signature	
Date	Date		
Name	Name		
Position		Position	
For bank use only			
Customer's signature and account details confirmed	The customer has been advised that they need to allow at least four weeks before they can make	A member of your business team or Relationship Manager's signature	
The application form has been completed in accordance with the authority form	their first submission  The account is controlled by	Date	
The credit limits detailed overleaf have been sanctioned	Corporate only	Contact telephone number	
The customer has a copy of the Telepay Customer Agreement		Branch stamp	
No Trust Accounts are listed and all accounts are in the name of the business			
For Telepay use only	Set-up date D D M M Y Y	When completed, please post to: Lloyds Bank plc, Telepay Registration Centre, PO Box 304, Sheffield S26 6ZP.	

## Please contact us if you'd 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.  $Lloyds\ Bank\ plc.\ Registered\ of fice: 25\ Gresham\ Street, London\ EC2V\ 7HN.\ Registered\ in\ England\ and\ Wales\ no.\ 2065.$ 

 $Authorised \ by the \ Prudential \ Regulation \ Authority \ and \ regulated \ by the \ Financial \ Conduct \ Authority \ and \ the \ Prudential \ Regulation \ Authority \ under \ registration \ number \ 119278.$ 

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.