# Payments & Cash Management (Banks)



## **Guidance notes**

Please complete and return this form, by first class post, to your Customer Manager or Relationship Manager.

If you have any questions about this application process, please contact our E-Operations helpdesk on +44 (0) 870 900 2070.\*

- You will receive a confirmation e-mail once your application has been approved.
- other online services you can use the same card for Payments. You do not need to activate another Authenticator Card. \* Please refer to footnote on page 6.

If you are already using an Authenticator Card for any of our

#### Customer details

1

Please write clearly in the white spaces with capital letters or cross the boxes.

Organisation name										
Group name (if different)										
First line of address										
Second line of address										
City/Town										
County (UK only)										
Postcode										
Country (if not UK)										
Registered Company Number (if known)										

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2	Existing Lloyd	sLink onlin	ne customers				
2.1	Existing Lloyd	sLink (PC c	dial-up) User				
Please en	ter your LloydsLink cust	omer ID and site	e ID here :				
Customer	ID (e.g. ABCD1234)		Site ID (e.g. site A)				
		ydsLink version r	number which can be fou	und on your LloydsLin	k Log in screen, e.g. 7	.30	
Version n	umber						
	rrently import data fron	n another applic	ation?	Yes No			
20,0000							
2.2	Existing Lloyd	sl ink onlin	ne (e-banking) us				
			g) customer and already		laaca antar it hara:		
	Company ID (e.g.1234		g) costonner and already	nave a company ID p	ובמספיפוונפו ונדופופ:		
3	Invoice details	5					
	Idress (if different from		dress in Section 1):				
Addressee		5. 50 13000 1 du					
Position							
First line o	f address						
Second lir	ne of address						
City/Towr							
city, iowi							
County (L	IK only)						
Postcode							
Country (i	f not UK)						
				Non Fil			
invoice ac	ldress region:	UK	EU non-UK	Non-EU			
VAT numb	per (please provide if vo	ur invoice addre	ess is in the EU but not in	the UK)			
4	Charges settle	ement acco	ount details				
			ount number to which ch	arges associated	Account name		
with this s	ervice should be passed	d.					
	s are invoiced in Sterling an account.	g or Sterling equ	vivalent of the agreed tar	iff and must be			
Branch na	ime				Sort code		Account number

5

### Accounts to be added and services required

Please provide details of your accounts that you would like to add and specify whether you would like to make payments from the account (excluding Third Party accounts).

If you wish to add accounts other than those belonging to your organisation (a Third Party\*), please complete the separate **Adding Third Party Accounts** form. You can download this from our website.

\*A Third Party is a separate legal entity to you i.e. a subsidiary company or any other account holder that is not part of your legal entity.

Note: If there are not enough spaces to include all your accounts, this page may be reprinted/photocopied as required. Please ensure any additional pages are attached securely to this form.

#### Existing LloydsLink customers:

An Authority to Access Third Party Accounts form is only required for any account you do not already have access to.

Account	Account name (must not exceed 35 characters <b>including spaces</b> – if more than 35			Can Pay be made this acco	e from
ref**	characters, please state how you would like to have it abbreviated)	Sort code	Account number	Yes	No
P1					
P2					
Р3					
P4					
P5					
P6					
P7					
P8					
P9					
P10					
P11					
P12					
P13					
P14					
P15					
P16					
P17					
P18					
P19					
P20					
** See Sect	ion 6				

5.1 Accounts held with other banks

If you wish to view statements for accounts not held with us please provide details by downloading the "LloydsLink online – Details of accounts held with other banks" form from the Lloyds Bank website at

Please indicate here the number of "LloydsLink online – Details of accounts held with other banks" forms enclosed:

www.commercialbanking.lloydsbank.com/doc/corp/pdf/ll\_otherbank.pdf

Payment approva	l authority

Please provide details of who you wish to approve a payment and their approval category.

Cardholder's name	Approval category	account reference (e.g. P1, P2, All as shown in section 5)
J Smith – Example only	А	P1
C Davies – Example only	В	P2
B Jones – Example only	В	ALL
b Jones – Example only		

Please provide approval category limits e.g. any one A approver/any two A approvers/any A and B approvers etc.

## Example

Limits	Categories
0 to £1,000	Any 1 A or any 1 B
£1,001 to £5,000	Any 1 B
£5,001 to £10,000	Any 1 A and any 1 B or any 2 Bs
£10,000 to unlimited	Any 2 Bs
Limits	Categories

Copy this page as required for additional Authenticator Cardholders. Any additional pages should be countersigned in accordance with the Electronic Banking clause of your existing Bank Mandate or in accordance with a specific Electronic Banking board resolution referred to in Section 11.

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7	Service administrator details										
7.1	Primary service administrator details										
The prim and Rea		e administrat	tor will be th	e recipient of	the Authenticator Cards						
Title*	Mr	Mrs	Miss	Ms	Other (please specify)	E-mail address*					
Last nan	ne*										
First nan	nes*					Signature*					
Job title'	*					Date					
Office co	ontact tele	ohone numb	er including	area dialling	code*						
						*Mandatory fields					
7.2	Sing	le/Dual	control								
Please indicate below whether you would like to use Dual control for your online services. This means that two service administrators are needed to approve and manage users' access to Payments.						Payments (we recommend that yo Single control	ou use Dual control for Payments) Dual control				
Cash Ma	anagemen	t									
Single co	ontrol			Dual co	ntrol	If you choose the Dual control option you need to provide details of your second service administrator: ask the second service administrator to register online and then complete Section 7.3.					
7.3	Seco	ondary s	ervice ad	dministra	tor details						
Title* Last nan	Mr	Mrs	Miss	Ms	Other (please specify)	E-mail address*					
						Signaturo*					
First nan	First names*										
Job title*						Date					
Office contact telephone number including area dialling code*					code*	If a replacement or additional service administrator is required, please use the additional or replacement service administrator form which can be downloaded from our website. *Mandatory fields (only if secondary service administrator selected)					
8	8 Additional Authenticator Cards and Readers										
Six Authenticator Cards and two Readers are provided free of charge. This is generally sufficient for most customers, however, if you have any requirements beyond that, please specify your additional requirements in the boxes provided. <b>Please note</b> for additional cards and readers you will be charged at the agreed rate.						Additional Authenticator Cards	Additional Readers				
In order	In order to avoid any disruption to your organisation in the event of an Authenticator										

Card becoming invalid, we recommend that your order includes a number of spare

Authenticator Cards.

Page 5 of 6 12339 [BANKS]-1113

9	Value of Payments					
Please pro	vide details of your anticipated total maximum value of BACS payments	BACS 3 day value (total BACS amount over 2 days) <b>£</b>				
10	Tariff					
	ect from the following tariff choices as discussed with your ip Manager.	Low volume user High volume user				
11	Agreement					
Lloyds Bar This Agree Customer' resolution www.com	ement must be signed in accordance with the Electronic Banking clause of the s existing Bank Mandate or in accordance with a specific Electronic Banking . To obtain a specimen resolution, please visit our website at: mercialbanking.lloydsbank.com/doc/corp/pdf/board_resolution_ebanking.pdf					
	agrees to provide to the Customer and the customer agrees to take the Payments d Cash Management Service subject to and in accordance with:	By signing this Commercial Banking application you confirm that you (or the group of which you form part) have an annual turnover of £15m or more or that your Relationship Manager has confirmed this service is appropriate for you.				
We the un	dersigned confirm the Customer's agreement with the Bank on the terms and condit	ions contained in or referred to in this Agreement.				
Signature		Signature				
Date		Date				
Name		Name				
Position		Position				
Signature		Signature				
Date		Date				
Name		Name				
Position		Position				

For bank use only - Relationship Manager

Relationship Manager's name

www.lloydsbankcommercial.com

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 the quality of our service. 0870 numbers: Daytime calls cost up to 8p plus 6ppm from BT lines Mon-Fri. Mobile and other providers' charges may vary.

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