

# Unity e-Payment

## application form

Should you have any queries or need help to complete this application please call the Unity e-Payment Team on **0345 155 3388**.

Telephone calls may be recorded for security purposes and may be monitored to ensure that service quality is being maintained.

# Unity e-Payment Application Form

## Guidance Notes



This guide is to help you complete the application form to apply for Unity e-Payment. Please keep this guide for your reference. Should you have any queries or need help to complete this application please call the Unity e-Payment Team on **0345 155 3388**.

Telephone calls may be recorded for security purposes and may be monitored to ensure that service quality is being maintained.

### 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 (PSC) for Alternative Security Method (ASM)

A minimum of two primary security contacts must be set up to maintain and manage the system for all additional contacts. PSCs will have the privilege to access processing reports and will be the first point of contact for any Bacs related issues/ queries.

If you require more than two PSCs, please provide these details on a separate sheet.

### Delivery to BACS

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

4:00pm is the latest time for receipt of an authorised submission.

#### Processing Day

The date selected from the calendar to identify the intended BACS Processing Cycle. The processing day is always the working day before entry day.

### 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. Authorised submissions received after 4.00pm will be held over to the next available working day.

### Your account details

#### Account Number

This account number is used by BACS to process your files to.

#### Value and period of credit limit (making payments only – Direct Credit)

The credit limit for your 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 put in writing to the Unity e-Payment Team at Unity Trust Bank, Nine Brindleyplace, Birmingham B1 2HB.

#### User Permission Profile

Must be completed for each Authorised User and is used to determine what privileges they are allocated ie Upload payments, Authorise payments, Delete files and View original data file.

### Templates (PAYG and Subscription Only)

Many users have many different types of files to import as a transaction file (CSV, TAB for example). The service uses a "Template" system, to individually transform your file into a format that is understood by Unity e-Payment.

### 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, please send to the Unity e-Payment Team, who will forward on the form for processing at the Co-operative Bank to allocate your BACS (service) user number. As part of your registration to use Unity e-Payment, emails will be sent to the Primary User and the Authorised Users assigning their Login User Name and Initial Password. A Unity e-Payment User Guide will also be issued.

Please complete all sections of the form in **BLOCK CAPITALS** and **BLACK INK**.

## 1 BUSINESS/ORGANISATION NAME AND COMMUNICATION ADDRESS

Business / organisation name

Title  Forename  Middle initials

Surname

Position

Address line 1

Address line 2

Address line 3  Postcode

Report Notification Email Address

## 2 PRIMARY SECURITY CONTACT FOR ALTERNATIVE SECURITY METHOD (ASM)

(a) Title  Forename  Middle initials

Surname

Position

Daytime telephone number

Inc. STD Code (landline only)

Out of hours telephone number

Inc. STD Code (Inc Mobiles)

Email Address

For security purposes, please provide a Memorable word

(eg. blue)

Hint

(eg. favourite colour)

(b) Title  Forename  Middle initials

Surname

Position

Daytime telephone number

Inc. STD Code (landline only)

Out of hours telephone number

Inc. STD Code (Inc Mobiles)

Email Address

For security purposes, please provide a Memorable word

(eg. blue)

Hint

(eg. favourite colour)

## 3 BUREAU DETAILS

Bureau name

Contact  Telephone number

Address line 1  Bureau number

Address line 2

Address line 3

Postcode

## 4 YOUR ACCOUNT DETAILS

Sort code  Account number

Period of Credit Limit (making payments only)  Daily  Weekly  Monthly  Quarterly

Value of Credit Limit inc 25% margin

Individual item Credit Limit

## 5 SUBMITTING DETAILS


- (a) Frequency of submission  Daily  Weekly  Fortnightly  4-Weekly  Monthly  Other
- (b) Purpose of submission  Salary  Wages  Suppliers  Subscriptions  Membership  Other

## 6 DECLARATION AND CONSENT


I/We request that Unity Trust Bank p.l.c. registers the above named Business/Organisation for Unity e-Payment and confirm that the terms and conditions relating to Unity e-Payment have been read and agreed.

**Your Consent:** It is important that you read and understand the section entitled Customer Information and how we use it (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: 


Date

SIGNATURE: 

Date

SIGNATURE: 

Date

SIGNATURE: 

Date



Please send the completed application form and all accompanying documents to Freepost, Unity e-Payment Team, Unity Trust Bank plc, Nine Brindleyplace, Birmingham B1 2BR.

### FOR BANK USE ONLY

#### Unity e-Payment Team to complete

We confirm the account details and signature(s) quoted above. Complete signature boxes in confirmation that details are correct. Return the completed application form to BACS Liaison, CIS Tower, 2nd Floor, Miller St, Manchester M60 0AL.

Signature for Manager  

Date

Name (Block caps.)

Branch

Industry Type

#### BACS Liaison Department to complete

User Number  Organisation ID

Signature for BACS Liaison (Miller Street)  

Date

Please complete all sections of the form in **BLOCK CAPITALS** and **BLACK INK**.

7 Service Option  (MDE, PAYG or Monthly Subscription)

8 **APPROVAL LEVELS** (please select one option)  
 Single - Each transaction requires authorisation by one user before the payment or collection is made   
 Dual - Each transaction requires authorisation by two different users before the payment or collection is made

9 **USER 1 CONTACT INFORMATION**

(a) Title  Forename  Middle initials   
 Surname   
 Position   
 Daytime telephone number   
 Inc. STD Code (landline only)   
 Email Address

(b) **USER 1 PERMISSION PROFILE**

Credit Limit (£)  Individual Item Limit (£)   
 Upload Payments Yes  No  Delete files Yes  No   
 Authorise Payments Yes  No  View original data file Yes  No

(c) **PAYG AND MONTHLY SUBSCRIPTION ONLY**

Template Name(s) (eg subscriptions, payroll)	Has access to this template	Has access to this template
Template 1 <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Template 3 <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Template 2 <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Template 4 <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

(d) **FOR BANK USE ONLY** Log-in User name 1 to be assigned Initial Password  
**USER 1 PERMISSION PROFILE**

10 **USER 2 CONTACT INFORMATION**

(a) Title  Forename  Middle initials   
 Surname   
 Position   
 Daytime telephone number   
 Inc. STD Code (landline only)   
 Email Address

(b) **USER 2 PERMISSION PROFILE**

Credit Limit (£)  Individual Item Limit (£)   
 Upload Payments Yes  No  Delete files Yes  No   
 Authorise Payments Yes  No  View original data file Yes  No

(c) **PAYG AND MONTHLY SUBSCRIPTION ONLY**

Template Name(s) (eg subscriptions, payroll)	Has access to this template	Has access to this template
Template 1 <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Template 3 <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Template 2 <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Template 4 <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

(d) **FOR BANK USE ONLY** Log-in User name 2 to be assigned Initial Password  
**USER 2 PERMISSION PROFILE**

Please complete all sections of the form in **BLOCK CAPITALS** and **BLACK INK**.

**11 USER 3 CONTACT INFORMATION**

(a) Title  Forename  Middle initials   
 Surname   
 Position   
 Daytime telephone number   
 Inc. STD Code (landline only)   
 Email Address

**(b) USER 3 PERMISSION PROFILE**

Credit Limit (£)  Individual Item Limit (£)   
 Upload Payments Yes  No  Delete files Yes  No   
 Authorise Payments Yes  No  View original data file Yes  No

**(c) PAYG AND MONTHLY SUBSCRIPTION ONLY**

Template Name(s) (eg subscriptions, payroll)	Has access to this template	Has access to this template
Template 1 <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Template 3 <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Template 2 <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Template 4 <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

**(d) FOR BANK USE ONLY**

**USER 3 PERMISSION PROFILE**

Log-in User name 3 to be assigned

Initial Password

**12 USER 4 CONTACT INFORMATION**

(a) Title  Forename  Middle initials   
 Surname   
 Position   
 Daytime telephone number   
 Inc. STD Code (landline only)   
 Email Address

**(b) USER 4 PERMISSION PROFILE**

Credit Limit (£)  Individual Item Limit (£)   
 Upload Payments Yes  No  Delete files Yes  No   
 Authorise Payments Yes  No  View original data file Yes  No

**(c) PAYG AND MONTHLY SUBSCRIPTION ONLY**

Template Name(s) (eg subscriptions, payroll)	Has access to this template	Has access to this template
Template 1 <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Template 3 <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Template 2 <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Template 4 <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

**(d) FOR BANK USE ONLY**

**USER 4 PERMISSION PROFILE**

Log-in User name 4 to be assigned

Initial Password