BILL PAYEE REGISTRATION

SEND THE COMPLETED FORM TO:
Bank name ("Bank")
PO Box Address
City
Attn: _____

For Bank Use Only:
Loaded By…… ……, Date…… Checked By……., Date……

☐ New payee
☐ Amendment to an existing payee

Section 1 Payee Details (business or organisation that will receive the payments)

1. Company or Organisation Name _____
2. Mail Address: (Street, city, post code, etc) _____
   _____
3. Type or nature of business (E.g., Garage, insurance, Utility, etc) _____
4. Contact Name (including title or position) _____
5. Contact phone Number _____
6. Email Address and Fax number _____

Section 2 Payee Account Details

Please enter the details of the Bank Account into which the Bill Payments are to be credited

1. Name to appear on Bank Bill Payee List: _____

2 Account Number:

Bank	Branch	Account Number	Suffix

Section 3 Payment Identification Details

Please describe the information that is required to be shown in the corresponding fields on your bank statement that will allow you to identify and reconcile the payment received.

Statement Fields Names (max 12 Characters)	**Information you need, e.g., Surname, Customer reference number, etc**	**Example of the format you like it to appear on your statement**
Particulars		
Code		
Reference		
Payment validation requirements. E.g. check digit routines or algorithms. (Attached separately if applicable)		Y or N

Example:

Particulars	Customer Surname	S M I T H
Code	Customer Initials	A E
Reference	Customer Number	5 7 1 0 3 2 6

Section 4 Authorisation

By signing this authorisation you agree that;

1. The information contained in this form may be disclosed by the Bank (and any third party receiving the information from the Bank by virtue of this authorisation (Authorised Recipient)) for the purpose of giving effect to a bill payment service;
2. Any dispute concerning payment by a payer using the bill payment service will be between you, as payee, and the payer;
3. The Bank and an Authorised Recipient will not be liable for a payer's failure to pay your accounts when due or any failure for any reason whatsoever to effect the payer's instructions to credit your account.

Signed for and on behalf of the Payee

Name of Authorised Signatory	Signature	Date
_____	_____	_____
_____	_____	_____

If you have any questions please call 0800 803 804.