

ANZ ROYAL
PIPE DELIMITED
FILE FORMAT GUIDE

October 2017

ANZ Royal – Pipe Delimited File Format Guide

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GENERAL INFORMATION

Purpose

The purpose of this document is to detail the Pipe Delimited file format for ANZ Royal files. This includes the Payment file format and the Direct Debit file format.

SUPPORTING DOCUMENTS

For further information about Cash Payments, please refer to the following Guides that are available online from anz.com

- ANZ Royal – User Guide
- ANZ Royal – Administrator Guide
- ANZ Royal – Minimum System Requirements Guide
- ANZ Royal – Fixed File Format Guide

VOLUMES

Payment Files

It is recommended that the number of transactions in any one batch should not exceed 5,000 records (i.e. 5,000 transactions) or 2.5 MB. The time taken to upload a payment file will vary depending on the file size.

Direct Debit Files

It is recommended that the number of transactions in any one batch should not exceed 5,000 records (i.e. 5,000 transactions) or 2.5 MB. The time taken to upload a direct debit file will vary depending on the file size.

SPECIFICATIONS

File Specifications

- File extension is: *.csv or *.txt or Unicode txt
- One record occupies one line
- Record/lines must be separated by CrLf (Carriage return Line feed)
- Amounts should not contain any universal currency symbols e.g., \$, €, £, etc.,
- No spaces at the end of a field
- If a field does not have a value, then a delimiter must be supplied in the correct position

Field Specifications

- Currency must be entered in capital letters only
- Beneficiary Name – do not use any special characters, e.g., & ` # @
- Beneficiary Address 1 – recommended to use a street address in lieu of a PO Box address
- Beneficiary Address 3 – do not exceed 32 characters for CBFT or RTGS payments
- Beneficiary Account – do not include spaces
- Bank & Customer Cheques – The following fields are not mandatory: Beneficiary Account, Beneficiary Bank Code/SWIFT, Beneficiary Bank Name, Charges. The following fields are mandatory: Payable Location, Print Location, Delivery Method

Charges

- O Ours
- B Beneficiary
- P Payer
- S Other/Shared

Unicode

Unicode can be accepted for the following languages for countries using non-English alphabets

- Chinese – Simplified
- Chinese – Traditional
- Japanese
- Vietnamese

Payment Methods

- ACH Automated Clearing House - Low value domestic payments
- BCHK Bank Cheque
- BKT Book Transfer - Transfer between ANZ accounts in the same country
- CBFT Cross Border Funds Transfer - International payments
- CCHK Customer Cheque
- RTGS Real Time Gross Settlement - Domestic local payments

Cheque Delivery Methods

- CB Courier to Beneficiary
- MC Mail to Own Organisation
- MB Mail to Beneficiary
- PC Pick-up by Own Organisation
- PB Pick-up by Beneficiary

Key Types

- A Alpha
- D Date
- N Numeric
- M Mandatory
- O Optional

FILE SPECIFICATIONS

Pipe Delimited File Format Data Fields

A delimited file can comprise of pipe, comma, semi-colon or tabs

Field Name	Description / Examples	Max Size	Type	Unicode	M/O
Payment Method	(See Payment Methods)	4	A	N	M
Debit Account Number		30	A/N	N	M
Beneficiary Name^	CBFT = 35 characters only	120	A/N	Y	M
Beneficiary Account Number	Valid for pay types, other than cheques	34	A/N	N	M
Beneficiary Bank/Branch Code	Valid for pay types, other than cheques	35	A	N	M
Payment Currency	Currency Code, e.g. AUD	3	A	N	M
Payment Amount		15,3	N	N	M
Customer Reference		20	A/N	Y	O
Country	Mandatory for CBFT	2	A	N	O
Execution Date	Format: DD/MM/YYYY	10	D	N	O
Beneficiary Address 1	Mandatory for CBFT	35	A/N	Y	O
Beneficiary Address 2		35	A/N	Y	O
Beneficiary Address 3	Mandatory for CBFT	35	A/N	Y	O
Beneficiary Address 4*		35	A/N	Y	O
Beneficiary Fax Number		15	N	N	O
Beneficiary Email ID	Multiple addresses can be separated by a comma	255	A/N	N	O
Charges	O = Our B = Beneficiary S = Other	1	A	N	O
Beneficiary Bank/Branch Name		35	A/N	Y	O
Beneficiary Bank Name		35	A/N	Y	O
Beneficiary Bank/Branch Address Line 1		35	A/N	Y	O
Beneficiary Bank/Branch Address Line 2		35	A/N	Y	O
Beneficiary Bank/Branch City		31	A/N	Y	O
Beneficiary Bank/Branch Province		8	A/N	Y	O
Beneficiary Bank/Branch Country		2	A	N	O
Payable Location	Location where cheque is credited	20	A/N	Y	O
Print Location	Location of where a cheque can be printed	20	A/N	Y	O
Delivery Method and Delivery To	See Cheque Delivery Methods	2	A	N	O
Mailing Address 1		35	A/N	Y	O
Mailing Address 2		35	A/N	Y	O
Mailing Address 3		35	A/N	Y	O
Mailing Address 4		35	A/N	Y	O

Details of Payment		140	A/N	Y	O
Instruction Number		10	N	N	O
First Intermediary Bank/Branch Code		35	A/N	N	O
First Intermediary Bank Name		35	A/N	N	O
First Intermediary Bank/Branch Name		35	A/N	N	O
First Intermediary Bank/Branch Address 1		35	A/N	N	O
First Intermediary Bank/Branch Address 2		35	A/N	N	O
First Intermediary Bank/Branch City	City & Province should not exceed 31 characters	31	A/N	N	O
First Intermediary Bank/Branch Province	City & Province should not exceed 31 characters	8	A/N	N	O
First Intermediary Bank/Branch Country		2	A	N	O
Central Bank Reporting 1	Mandatory: Taiwan CBFT	35	A/N	N	O
Central Bank Reporting 2		35	A/N	N	O
Central Bank Reporting 3		35	A/N	N	O
Confidential Indicator	Y or N indicator	1	A	N	M
FX Contract Number		14	A/N	N	O
FX Contract Rate		5,8	N	N	O
Reporting Code 1		3	A/N	N	O
Reporting Code 2		3	A/N	N	O

*Beneficiary Address 4 is not required for CBFT payments

^Beneficiary Name: For all payment methods excluding CBFT, then 120 characters are acceptable. For CBFT payments, then only 35 characters are acceptable.

Direct Debit File Format Data Fields

A delimited file can comprise of pipe, comma, semi-colon or tabs

Field Name	Description / Examples	Max Size	Type	Unicode	M/O
Payment Method	DDI	5	A	N	M
Credit Account Number		30	A/N	N	M
Payer Name	Name of Payer	140	A/N	Y	M
Payer Account Number	Account number of Payer	34	A/N	N	M
Payer Bank/Branch Code	Code for Payer's Bank Branch	35	A/N	N	M
Credit Currency	Currency Code, e.g. AUD	3	A	N	M
Payment Credit Amount	Amount of Payment	15,3	N	N	M
BO Reference	Billing Organisation Ref.	20	A/N	N	O
Payer Country	Country Code	2	A	N	O
Execution Date	Format: DD/MM/YYYY	10	D	N	O
Payer Address 1		35	A/N	Y	O
Payer Address 2		35	A/N	Y	O
Payer Address 3		35	A/N	Y	O
Payer Address 4		35	A/N	Y	O
Payer Fax Number		15	N	N	O
Payer Email ID	Multiple addresses can be separated by a comma	255	A/N	N	O
Payer Bank Name		35	A/N	Y	O
Payer Bank/Branch Name		35	A/N	Y	O
Payer Bank/Branch Address Line 1		35	A/N	Y	O
Payer Bank/Branch Address Line 2		35	A/N	Y	O
Payer Bank/Branch City		31	A/N	Y	O
Payer Bank/Branch Province		8	A/N	Y	O
Payer Bank/Branch Country		2	A	N	O
Charges	O = Our P = Payer S = Other/Shared	1	A	N	O
Credit Details		140	A/N	Y	O
Ordering Party	Contact that generates the Direct Debit	35	A/N	Y	O
Ordering Party Address 1		35	A/N	Y	O
Ordering Party Address 2		35	A/N	Y	O
Ordering Party Address 3		35	A/N	Y	O
Ordering Party Address 4		35	A/N	Y	O
Ordering Party Country		2	A	N	O
Ordering Party Bank/Branch Code		35	A/N	N	O
Ordering Party Bank Name		35	A/N	N	O
Ordering Party Bank/Branch Address 1		35	A/N	N	O
Ordering Party Bank/Branch Address 2		35	A/N	N	O

FILE VALIDATIONS

Payment & Direct Debit File Validations

An automatic file validation process will start once a payment file or direct debit file has been uploaded. In the event that a payment file or direct debit file does not meet required specifications, an error message will appear indicative of the failure reason.

Refer below for the list of payment / direct debit file criteria that are validated and the associated error message.

Validation	Error Message
Payment File Size	<ul style="list-style-type: none">➤ Payment file cannot exceed 5,000 payments➤ Payment file cannot exceed 2.5 MB
Verify File Format	File must be in pipe delimited format. Please review and correct your file and upload again
Payment Method	<ul style="list-style-type: none">➤ Payment Method <Type> is not supported for the payment transaction➤ Payment Method must be the same for each beneficiary➤ This payment method of <payment method> is not valid for this <CCY value> currency and <country> country. Please contact the bank for assistance.
Payment Currency	Payment Currency must be the same for each Beneficiary
Payment Amount Symbols	Amount must be a numeric value. Should not contain \$, £, €, etc.
Validate City/Province	Combination of City & Providence cannot be more than 31 characters
Validate Required Fields	Field <Field Name> is a required value and has not been provided
PO Box Address Line 1	Warning: It is recommended a Street Address for the beneficiary/ payee be provided, as a PO Box may cause processing delays.
Bank Branch Code Validation	Beneficiary Bank/Branch Code is not valid for the Payment Method and the Country of the Bank's Branch
SWIFT Character Validation	<Field Name> contains the following invalid SWIFT characters <Invalid Character>
Semicolon	<Field Name> contains the following invalid characters <Invalid Character> (semicolon)
Beneficiary Bank/Branch Code	Beneficiary Bank/Branch Code is not valid for Payment Method and Country of debit account
Verification of Debit Account	<ul style="list-style-type: none">➤ Invalid debit account➤ Debit account is inactive➤ Account is not available for Payment Transactions➤ Account is not valid to debit for this user
Execution Date	Execution date line (x) is in the incorrect format. Please update to DD/MM/YYYY

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