

DOMESTIC EURO DRAFT APPLICATION FORM FOR THIRD PARTY COLLECTION



This form should be used for Domestic Euro Currency draft orders, which are being collected by a Third Party. Drafts are available to account holders only.

CUSTOMER DETAILS: (Please print in BLOCK CAPITALS)

Customer Name

P R I N T N A M E

I/We request you to issue the draft(s) detailed below and authorise you to debit the following account with Euro draft value together with relevant charges (if applicable). Please refer to the 'Account Fees & Services Charges' leaflet for details of charges. This account should have adequate funds available to fulfil the Domestic Draft order.

NSC:

Account Number:

DRAFT DETAILS:

In favour of Payee

Euro Amount

I/we authorise

to collect this order on my/our behalf.

Customer Authorised Signature(s)

Date:

D D M M Y Y

Please sign in accordance with the account mandate.

Third Party Signature

Date:

D D M M Y Y

For Branch Use Only:

Charges Collected

Y / N

If no, state reason

State type of Third party ID Sighted. e.g. Passport/Drivers Licence, Employer/Courier ID No.

Customer Signature(s) verified by

Draft Ref Nos.

Brand and Teller Initials

Allied Irish Banks, p.l.c. Registered Office: Bankcentre, Ballsbridge, Dublin 4. Registered in Ireland, No. 24173.

Your account terms and conditions apply. Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland.

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DRAFT DETAILS:

In favour of Payee	Euro Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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