



Request for File Download*

How to complete the form

1 Please use a **BLACK** pen

2 Mark boxes like this
 If you make a mistake, do this
 and mark the correct box

3 Please use **BLOCK CAPITAL** A 2
 LETTERS and leave one
 space between each word

Company Name

1.1 Who do you want to use File Download*?

Please grant the existing iBusiness Banking User(s) the Process selected below:

USER 1	USER 2	USER 3
User Name <input type="text"/>	User Name <input type="text"/>	User Name <input type="text"/>
User ID <input type="text"/>	User ID <input type="text"/>	User ID <input type="text"/>

Type of service: Autorec Autorec (extended)**

Frequency of service: Daily Weekly Monthly

1.2 Account Designation

The first account listed will be used for the deduction of Autorec service charges as appropriate.

Account Name	NSC	Account Number
<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"/>	<input type="text"/>	<input type="text"/>

Please note that there is an additional charge for this service.

For more information, please see our 'Business Fees & Charges' brochure available from any AIB branch.

*File Download refers to Autorec and Autorec (extended)

**Autorec (extended) provides additional information in relation to SEPA Payments.

Authorisation

We, the Customer, wish to amend the details of our previously signed Application for iBusiness Banking. We acknowledge that this document is subject to the Terms and Conditions of the iBusiness Banking Agreement.

Signed on behalf of the Company noted above in accordance with our existing resolution for iBusiness Banking.

AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2
<input type="text"/>	<input type="text"/>
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Check List

- Please ensure all sections (1.1 and 1.2) are complete
- Please ensure that the correct signatories have signed this Amendment Request
- Once completed please forward this Amendment Request to your branch/Relationship Manager

What Happens Next?

- Your Local Administrator can monitor iBB to verify that the amendment has been processed
- If you wish to query the status of your request you can contact the iBusiness Banking Operations Team on 0818 72 00 00 or +353 1 641 4889 (Outside Rol) Monday – Friday 08:30 – 17:30

FOR BANK USE ONLY

ATTENTION! The ORIGINAL form must be kept in branch and a COPY should be EMAILED (ibb.after.sales@aib.ie) or FAXED ((01) 608 9454) to the iBusiness Banking Set-Up and Amendments Team for processing.

Set-Up and Amendments will be unable to process this request unless it is signed by the branch/Relationship Manager.

I confirm that the customer signature(s) have been verified.

BRANCH/BUSINESS CENTRE NAME

AUTHORISED SIGNATORY AT BRANCH: PRINT NAME	SIGNATURE
<input type="text"/>	<input type="text"/>

SIGNING NUMBER:

CONTACT NUMBER:

DATE / /