



Branch Brand

Application for CHAPS

The Bank will process the request for your CHAPS Payment as detailed below. Please note that this Payment will be credited to the beneficiary account by close of business on the same day that the Payment is debited from your account, SUBJECT TO the Bank's CONTROLS AND CHECKS.

Incorrect or missing information can lead to delays in crediting the beneficiary account or funds being returned to you. For more information please see the Terms and Conditions applicable to your account, which are available at aibgb.co.uk

Payment Details (To be Completed By Customer)

GBP Amount (in Figures)

GBP Amount (in Words)

Sender Account Name

Sender Sort Code Sender Account Number

Receiver's Account Name

Receiver's Sort Code Receiver's Account Number

Reference (if Applicable)

Purpose of Payment Do you know the receiver? Yes No

Nature of relationship with Receiver
e.g family member, business relationship

Is the payment in relation to an investment opportunity or lottery grant/winnings? Yes No

Are you being coerced into making this payment? Yes No

Have you paid this receiver before by CHAPS? Yes No

Have you been asked to change bank details on this payment? Yes No

If yes, have you called back and verbally confirmed the new account details? Yes No

Print Name:

Customer Authorised Signature: Date / /

Print Name:

Customer Authorised Signature: Date / /

For bank use only

BANK Information only

Please tick: Original in Post (OP) OR Original at Counter (OC) Sig Verified ID Verified

Insert ID Type and Number/Signature Verification Reference Number:

Payment confirmed with (if present): Customer Name Time

Comments:

Signed off by Staff Member (Print Name) **Staff Number** **Date** / /

Signature

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