



Add/Amend a Local Administrator or Payment Authoriser to iBusiness Banking (iBB)

Please note: Users who require view and/or create privileges must be added by the Local Administrator.

How to complete the form				
Please use a BLACK pen	Mark boxes like this If you make a mistake, do this and mark the correct box	Please use BLOCK CAPITAL A 2 LETTERS and leave one space between each word		
Entity Name				
An Existing User ID				
USER 1 First Name	USER 2 First Name	USER 3 First Name		
Surname	Surname	Surname		
UK Residential Address	UK Residential Address	UK Residential Address		
Postcode	Postcode	Postcode		
Date of Birth Business Email Address	Date of Birth Business Email Address	Date of Birth Business Email Address		
User ID (existing users only)	User ID (existing users only)	User ID (existing users only)		
Assign the access privileges that you v	vant each User to have, by marking the	e boxes below		
1.1 Select the User(s) you want to have Loca	al Administration access			
USER 1	USER 2	USER 3		
1.2 Select the User(s) you want to be able to Authorise ALL Payments (including Bulk payments)				
USER 1	USER 2	USER 3		

USER 1	ch Payment Authoriser USER 2	2 USER 3
Daily Limit	Daily Limit	Daily Limit
£	£	£
Transaction Limit	Transaction Limit	Transaction Limit
£	£	£
aily Limit - the total value of payme ransaction Limit - the maximum val		er can make.
4 Select the User(s) you want to C	reate ALL Payments (including Bul	lk payments)
USER 1	USER 2	USER 3
5 Select the User(s) you want to b	e able to View ALL Accounts	
USER 1	USER 2	USER 3
ulk payments are available through the iB ccess to account information can be restri ease note, new user details will be provid	cted by the Local Administrator on a per	
or Bank Use Only		
PAC	PAC	PAC PAC
existing User ID has been provided, pleas	e check if a PAC has been previously issu	ued. If not, please assign a PAC letter for Local Administrators.
your Client Contact has changed, p	please update the details below	
FIRST NAME		SURNAME
DUCINITICS EMAIL ADDDESS		FEL FOLLONIE NUMBER
BUSINESS EMAIL ADDRESS		FELEPHONE NUMBER
uthorisation		
Ve, the Customer, wish to amend the ubject to the Terms and Conditions igned on behalf of the Entity noted	of the iBB Agreement.	Application for iBB. We acknowledge that this document is sting mandate for iBB.
AUTHORISED SIGNATORY 1		UTHORISED SIGNATORY 2
TOTAL STORY TOTAL T		OTHORISED SIGNATORY 2

Once completed, please forward this Amendment request to your Business Centre as we will be unable to process your request unless it is signed.

FOR BANK USE ONLY

ATTENTION! The ORIGINAL form must be kept in the customer file and a COPY should be scanned

Please ensure that the correct signatories have signed this Amendment Request

If you wish to query the status of your request you can contact the iBB Set up and Amends Team at ibusinessbanking@aib.ie

I confirm that the customer signature(s) have been verified AML Review/Remarks held/updated	
Customer Owner PRINT NAME	SIGNATURE DATE Day Month Year



Information correct as at November 2019

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