



# Request for Autorec on iBusiness Banking (iBB)

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**    
**LETTERS** and leave one space between each word

Entity Name   
An Existing User ID

## 1.1 Who do you want to access Autorec?

Please grant the following iBB User(s) access to Autorec:

USER 1	USER 2	USER 3	USER 4
First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>	First Name <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>	Surname <input type="text"/>
User ID (existing users only) <input type="text"/>	User ID (existing users only) <input type="text"/>	User ID (existing users only) <input type="text"/>	User ID (existing users only) <input type="text"/>

## 1.2 Autorec

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"/>

### Autorec Frequency

Please specify, by marking the appropriate box, the frequency you require for File Download

Daily  Weekly  Monthly



Information correct as at April 2018

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## Authorisation

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

Signed on behalf of the Entity noted above in accordance with our existing mandate for iBB.

<p><b>AUTHORISED SIGNATORY 1</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Day     Month     Year</p> <p>Date   <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	<p><b>AUTHORISED SIGNATORY 2</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Day     Month     Year</p> <p>Date   <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>
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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](mailto:ibusinessbanking@aib.ie)

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

<p>Customer Owner</p> <p>PRINT NAME</p> <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table>																																									<p>SIGNATURE</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>DATE</p> <p style="text-align: center;">Day     Month     Year</p> <p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>