



# AIB Saver Account Payment Amendment Form

This form relates to monthly payment instructions into the AIB Saver Account

## 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**

Application Date

Day / Month / Year  
  /   /

To the Manager<sup>^</sup>

<sup>^</sup>Where the Savings Account holder and Payment Account holder are not the same, copies of the Form should be forwarded to both the Savings Account holding branch and the Payment Account Holding branch

Savings Account Name(s)	<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"/> <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"/>
Savings Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Savings Account National Sort Code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Payment Account* Name(s)	<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"/> <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"/>
Payment Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Payment Account National Sort Code	<input type="text" value="9"/> <input type="text" value="3"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

Please complete the relevant sections of this Form to make the changes you require in respect of payments to the Savings Account from the Payment Account as specified above.

I/We instruct the Bank as follows:

**1. Amend the payment amount**

to €     .   (please note the maximum monthly payment to an AIB Saver is €1,000)  
Day / Month / Year  
from the date of the next payment or month commencing on:   /   /

**2. Amend the payment date** from the date of the next payment or month commencing on:

(insert a date between the 1st and the 25th of the month)   /   /

**3. Acknowledge and permit a payment holiday** in respect of the monthly payments

commencing on:   /   /    (insert date)  
Day / Month / Year  
with payments to recommence on:   /   /    (insert date)

#### 4. Amend the Payment Account

NEW Payment Account Name(s)   
  
NEW Payment Account Number   
NEW Payment Account National Sort Code  9  3 -   -

#### 5. Cancel the payment from the Payment Account into the Savings Account

Please note, payments are automatically cancelled when the Savings Account is closed.

This/These instructions override the existing instructions. Please allow five business days prior to the date of the next payment to implement the above change(s). Instructions received within five business days of the next payment date will be implemented from the date of the following month's payments.

<p>SIGNATURE OF SAVINGS ACCOUNT HOLDER</p> <input type="text"/>	<p>SIGNATURE OF SAVINGS ACCOUNT HOLDER (IF JOINT ACCOUNT)</p> <input type="text"/>
<p>DATE</p> <p>Day Month Year</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>DATE</p> <p>Day Month Year</p> <input type="text"/> / <input type="text"/> / <input type="text"/>
<p>*SIGNATURE OF PAYMENT ACCOUNT HOLDER</p> <input type="text"/>	<p>*SIGNATURE OF PAYMENT ACCOUNT HOLDER (IF JOINT ACCOUNT)</p> <input type="text"/>
<p>DATE</p> <p>Day Month Year</p> <input type="text"/> / <input type="text"/> / <input type="text"/>	<p>DATE</p> <p>Day Month Year</p> <input type="text"/> / <input type="text"/> / <input type="text"/>

**\*Where the Savings Account Holder and the Payment Account Holder are not one and the same, the instruction in relation to the Payment Account must be confirmed by way of signature of the Payment Account Holder.**

#### For Bank Use Only

<p>SV <input type="checkbox"/> (Please tick)</p> <p>Staff number <input type="text"/></p> <p>ID Verified <input type="checkbox"/> (Please tick) (Passport/driving licence)</p>	<p>Branch Brand</p> <input type="text"/>
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