



AIB SAVER/AIB REGULAR SAVER ACCOUNT PAYMENT AMENDMENT FORM

This form relates to monthly payment instructions into both the AIB Regular Saver and the AIB Saver Accounts



Do not write on barcode

Please complete in **BLOCK CAPITALS** using black or blue pen

Date

DD / MM / YYYY

To the Manager[^]

AIB Bank

[^]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

Bank use only

SV (Please tick)

Staff Number

ID Verified (Please tick)
(Passport/driving licence)

Branch brand

Branch brand

Savings Account Name(s)	
Savings Account Number	<input type="text"/>
Savings Account National Sort Code	<input type="text"/>
Payment Account* Name(s)	
Payment Account Number	<input type="text"/>
Payment Account National Sort Code	9 3 - <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 Regular Saver is €500 and to an AIB Saver is €1,000)

from the date of the next payment or month commencing on: DD / MM / YYYY

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) DD / MM / YYYY

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

commencing on: DD / MM / YYYY (insert date)

with payments to recommence on: DD / MM / YYYY (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.

Signature of Savings Account Holder

Signature of Savings Account Holder (if Joint Account)

*Signature of Payment Account Holder

*Signature of Payment Account Holder (if Joint Account)

***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.**

Date DD / MM / YYYY