



# Notice Deposit Accounts Notice to Withdraw/Close

Branch brand and initials

Branch Address:

National Sort Code:

Account number:

Name(s):

I/We hereby give notice for the withdrawal of the amount indicated below from the above account

Amount:

€  (amount in words)

I/We hereby give notice for the closure of the account indicated above

I/We hereby cancel the existing notice instruction on the above account

Account: (please tick appropriate box)

Notice Deposit 7 Account

7 days notice

Access Deposit 30 Account

30 days notice

Payment Instructions:

Kindly pay the above amount, on expiry of notice, as follows:

National Sort Code 9|3| | | | to account number

in name of

Branch Address

Signature:

Date

Signature:

Date

If you do not nominate an account to have your funds paid into, funds will be available to you to withdraw in any AIB branch for a period of seven calendar days once the notice period has expired.

*For Internal use only:*

Date notice received

Date funds available

Staff Number

Staff Initials

- |  |   |
|--|---|
| <input type="checkbox"/> Passport        | <input type="checkbox"/> National ID Card   |
| <input type="checkbox"/> Age Card        | <input type="checkbox"/> Signature Verified |
| <input type="checkbox"/> Employer ID     | <input type="checkbox"/> GNIB Card          |
| <input type="checkbox"/> Drivers Licence | <input type="checkbox"/> College ID         |

ID No: