



## **Notice Deposit Accounts Notice to Withdraw/Close**

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				
Branch Address:					
National Sort Code Account N	Number				
Name(s):					
I/We hereby give notice for the withdrawal of the amount indicated below from the above account					
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 account indicated above					
Account: (please tick appropriate box)  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	SIGNATURE
DATE	DATE
Day Month Year	Day Month Year

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 Bank Use Only

Date notice received  Day Month  / / / / / / / / / / / / / / / / / / /	Year	Date funds available  Day Month Year  / / / / / / / / / / / / / / / / / / /
Staff number Staff Initials		Branch brand and initials
Passport	National ID Card	
Age Card	Signature Verified	
Employer ID	GNIB Card	
<b>Drivers Licence</b>	College ID	
ID number		

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