



COVID - 19 TEMPORARY AUTHORITY FOR AGENT TO MAKE CASH WITHDRAWAL UP TO MAXIMUM SUM OF €1,300

This Authority is to support our Customers during the Covid-19 Crisis who are unable to attend the Bank to make withdrawals.

To: Allied Irish Banks, p.l.c. (“the Bank”)

Customer Name(s): _____

Customer Address: _____

Customer Contact Numbers: _____

Customer Sort Code and Account Number (“Account”): _____

I/we _____ (insert name of customer(s)) authorise _____
“the Agent” to make withdrawals from my/our Account listed above for the sum of €_____. I/we instruct the Bank to process the withdrawal in accordance with this Authority. I/we confirm that the Bank can rely on the signing instructions contained in the Account mandate to complete the withdrawal for the signing of this Authority.

I/We confirm that the Bank shall have no liability for carrying out the withdrawal authorised in this Authority. I/We hereby indemnify the Bank against any claims made against it or any losses incurred by it in respect of any actions taken by the Bank on foot of this Authority.

Signed by the Customer(s): _____

Date: _____

Important Notes

- This Authority is to be signed by the Agent in the presence of a Bank Official in the Bank.
- This Authority can be used by the Customer(s) and the Agent on one occasion only.
- The Bank reserves its rights not to accept this Authority and prohibit the withdrawal on foot of this Authority.
- The Bank may call the Customer(s) to confirm the request.
- The Bank will only allow withdrawals to be made where there are sufficient funds in the Account.
- The Agent must bring photographic identification to the Bank in order to confirm they are the named Agent.
- Notwithstanding the above, this Authority will expire after 5 working days of the date of the Authority.
- This Authority allows for cash withdrawals on the Account only. No Account information or changes to the operation of the Account, other than the withdrawal will be provided or permitted by the Agent.

Agent Declaration

I am authorised by the Customer(s) to make the withdrawal in the sum of € _____ from the Account. I undertake to give this sum to the person entitled to the money (the Customer(s) and / or comply with the Customer(s) instruction in relation to the money. In the event that I do not comply with this Authority, the Bank reserves all its rights in pursuing me in respect of any claims which may be made against the Bank in respect of this Authority and matters arising out of this withdrawal.

Signed by the Agent: _____ Date: _____

Address: _____

Data Protection

- The Bank will use and retain the information provided by the Agent for the purposes of the provision of the service and to comply with the Bank's legal and regulatory obligations.
- For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our data protection notice in branches and online. It may change from time to time.

Bank use only	1st Sign off – Staff Number 1st Sign off – Staff Initial	2nd Sign off – Staff Number 2nd Sign off – Staff Initial
Customer Signature verified		
Agent ID Checked & Verified		
Agent ID Type		
Agent ID reference Number		
Call Back Details		
Name of Person Contacted		
Date of Call Back		
Call back carried out by		