






# Amend number of people that Authorise Payments & Validate Amendments on iBusiness Banking (iBB)

## 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

Company Name

An Existing User ID

### 1.1 Select how you want to manage SECURITY, USER and BENEFICIARY changes on iBusiness Banking.

Select how you want to control and verify security and administration changes on iBusiness Banking by marking ONE box below.

A  Only ONE Local Administrator is required to authorise set-up modifications.

OR

B  TWO Local Administrators are required to authorise set-up modifications (more secure in a multi-user environment).

**If you have ticked box B above then you MUST have at least TWO Local Administrators set up on iBusiness Banking**

### 1.2 Select how you want to AUTHORISE payments

Please indicate how many people you need to authorise any payments (mark ONE box only):

A  Only ONE User is required to authorise any payment.

OR

B  Only ONE User is required to authorise any payment less than or equal to £   
For larger amounts TWO Users will be required.

OR

C  TWO Users are required to authorise ALL payments (more secure in a multi-user environment).

**If you selected option B or C above you must have at least TWO Payment Authorisers set up on iBusiness Banking**

## Authorisation

We, the Customer, wish to amend the details of our previously signed Application for iBusiness Banking. We acknowledge that this document is subject to the Terms and Conditions of the iBusiness Banking Agreement.

Signed on behalf of the Company noted above in accordance with our existing resolution for iBusiness Banking.

AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2
<input type="text"/>	<input type="text"/>
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

## Checklist

- Only one box should be marked in each section
- Please ensure that the correct signatories have signed this Amendment Request
- Once completed please forward this Amendment Request to your branch/ Relationship Manager

## What Happens Next?

- Your Local Administrator can monitor iBB to verify that the amendment has been processed
- If you wish to query the status of your request you can contact the iBusiness Banking Operations Team on 0818 72 00 00 or +353 1 641 4889 (Outside Rol) Monday - Friday 08:30 - 17:30

**We will be unable to process your request unless it is branded and signed by your branch/Relationship Manager**

## FOR BANK USE ONLY

**ATTENTION!** The ORIGINAL form must be kept in branch and a COPY should be FAXED to iBusiness Banking Operations for processing. Fax No: (01) 6089454.

I confirm that the customer signature(s) have been verified

Authorised Signatory at Branch	
PRINT NAME	SIGNATURE
<input type="text"/>	<input type="text"/>
<input type="text"/>	
SIGNING NUMBER	DATE
<input type="text"/>	Day Month Year
CONTACT NUMBER	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<input type="text"/>	



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