



Credit Transfer

Refund Request Form for Unauthorised Outgoing Payment

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	
Customer Information		
1. Sort Code Account No. 2. Customer Name		
Transaction Information		
3. Payment Reference	ear	
4. Date Payment Debited from the Account / / / /		
5. Amount of Payment6. Beneficiary Name (if available)		
7. Any other Additional Details		
Customer Acknowledgement and Authorisation		
By signing this form I confirm that the above information is correct and that I request a refund of the above transaction. I acknowledge that if, as a result of an investigation, the credit transfer is established to be in fact authorised by me or on my behalf, that any sums refunded to my account will be debited by AIB and any fees and/or charges (including interest) owed may be re-charged, even if this puts my account into a negative balance position thus incurring costs. I also acknowledge that I may be responsible for any reasonable costs incurred by AIB in carrying out the investigation.		
Customer Authorised Signature(s)		

For Bank Use Only

SV (please tick)	Brand Here
Staff number	
Staff Signature	

Terms and conditions apply. Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland.