



Payment Files - Direct Debits Application or Amendment

How to complete the form

1 Please complete / type online, print, sign and return to your local branch or relationship manager

2 Mark by clicking to indicate selection



The Payment Files service on iBusiness Banking can be used by customers who wish to upload files of Direct Debits to AIB for processing.

Debit Payment files are suitable for customers who collect domestic and cross border Direct Debits in euro within the SEPA zone.

Please complete this form in BLOCK CAPITALS

User Access to create / authorise payment files must be granted by your company's local administrator. Please view the Local Admin user guide available at www.aib.ie/ibbuserguide for further information.

1. Select to Apply or Amend Direct Debits

I want to apply for a new OIN

I want to amend an existing OIN

2. Application Details

Company Name

An Existing iBB User ID

Existing OIN (Originator Identification Number)*

* Amendments only. If you wish to amend the details of more than one OIN, please complete an additional form for each OIN you wish to amend.

3. Originator Identification Number (OIN)

Each Payment File must contain an Originator Identification Number (OIN) which will be provided by AIB to you.

The OIN is a unique alphanumeric identifier which identifies you as the customer and the type of Payment Files that you are submitting to the bank for processing.

Note: If you require more than one OIN, then additional forms should be completed in order to specify user authorisation rights for each OIN.

3.1 OIN Name

You can specify an OIN Name to help you clearly identify the nature of the payments submitted under this OIN. Example: 'Rental Income' or 'Life Insurance Premium'.

The OIN and the OIN Name will be displayed to all users who have access to this OIN in the Payment Files module of iBB.

OIN (max. 18 characters)

4. Select how you want to AUTHORISE Payment Files

User Access to create / authorise payment files must be granted by your company's local administrator. Please view the Local Admin user guide available at www.aib.ie/ibbuserguide for further information.

Please indicate how many people you need to authorise Payment Files. (Mark one box only)

- A Only ONE User is required to authorise any Payment Files under this OIN.
- B Two Users are required to authorise ALL Payment Files under this OIN. AIB recommends that dual authorisation is selected.
- C Only ONE User is required to authorise any Payment Files under this OIN less than or equal to (euro equivalent). For larger amounts TWO Users will be required.

For Option B or C, please ensure a minimum of two Users are set up by the Local Administrator to authorise Payment Files.

5. Credit Account Details

Choose your company account(s) you require to be credited with your Direct Debits. Print and complete as many copies of this section as you need.

Please note: The first account listed will be used for the deduction of the Direct Debit charges as appropriate. This account must be a EUR branch current account.

Account Name

IBAN

Account CCY

6. Amendment to Billing Account Details

Please complete this section if you wish to change the billing account from which payment charges for **euro payments to the SEPA zone only** are debited. The account must be a EUR branch current account.

Account Name

IBAN

Account CCY

Agreement to Terms

The Customer hereby agrees that the terms and conditions upon which the Payment File services requested in this application and other related services provided shall be governed by the Terms and Conditions of iBusiness Banking which are available on www.aib.ie and the Customer hereby agrees to be bound by the Terms and Conditions of iBusiness Banking.

Where the Customer has indicated that they wish to operate iBB on the basis of Single User Authorisation of payments or Payment Files and/or Single User Authorisation of administrative changes, the Customer hereby confirms that they are aware of the reduced security associated with this arrangement and accepts full responsibility for any loss which they may suffer as a result.

For charges relating to Payment Files Origination, please refer to the relevant pricing schedules which are available at your local AIB branch or online at www.business.aib.ie/business-fees-and-charges

Who needs to sign this form?

- Sole Trader:** The Sole Trader
Partnership: The requisite number of partners
Club/Association: The requisite number of individuals authorised to act on behalf of the Club/Association
Company: The persons authorised by the iBusiness Banking Company Resolution

Signed on behalf of the Customer named above in Section 2 in accordance with the terms of its resolution for iBusiness Banking.

Authorised Signatory Name

Signature

Date Day / Month / Year

Additional Signatories (if required). Note: These are individuals required to sign on behalf of the Customer, and are not necessarily Users of iBB.

Authorised Signatory Name

Signature

Date Day / Month / Year

Authorised Signatory Name

Signature

Date Day / Month / Year

Authorised Signatory Name

Signature

Date Day / Month / Year

Please note that AIB requires a sample SEPA Direct Debit mandate and a signed SEPA DD Creditors Agreement form in order to process any new applications. A sample mandate and the SEPA Direct Debit Creditors Agreement form can be found on the forms tab in iBB Help Centre on <http://business.aib.ie/help-centre>.

Once completed please forward this form to your branch or Relationship Manager:

If you wish to query the status of your request you can contact the iBB Customer Support Team on 0818 72 00 00 or +353 1 641 4889 (outside Rol) Monday - Friday 08:30 - 17:30

For Bank Use Only

ATTENTION! The ORIGINAL form must be kept in branch and a COPY should be sent via BPM Portal to the iBusiness Banking Set-up and Amendments Team for processing.

Set-up and Amendments will be unable to process this request unless it is signed by the Branch/Relationship Manager.

OIN Limit Frequency: Daily

I confirm that the Customer signature(s) have been verified and the appropriate CARA Approval is in place (see infobank for details)

**Branch/Business
Centre Name**

Authorised Signatory at Branch and signing number

Print Name

Signature

Date

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Signing Number

Contact Number