



## Withdraw a Company from iBusiness Banking

How to complete the form				
Please use a BLACK pen	2 Mark boxes like this —  If you make a mistake, do this and mark the correct box	LETTERS an	BLOCK CAPITAL A 2 and leave one een each word	
Company Name  An Existing User ID				
Account Name	N	SC	Account Number	
1.1 Reason for Withdrawa So we can seek to improve the		ire we would be gratef	ul if you could specify the	
Authorisation				
We acknowledge that this doc	ndraw from iBusiness Banking and termina ument is subject to the Terms and Condition any noted above in accordance with our e	ons of the iBusiness Bai	nking Agreement.	
DIRECTOR SIGNATURE	DIRECTO	DR/COMPANY SECRETA	ARY SIGNATURE	
Day Month Ye	ear Dato	Day Month Year		

## Checklist

- Please ensure that the correct signatories have signed this Amendment Request
- Once completed please forward this Amendment Request to your branch/Relationship Manager
- Ensure all Digipasses have been returned to your branch/Relationship Manager

## What Happens Next?

• 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.

Principal Company Nomination				
<b>Please Note:</b> If the above listed company is part of a Group of members of the Group shall not be terminated unless we red is nominated as the Principal Company for billing purposes is be nominated. Otherwise all members of the Group will be are authorising us to debit the following account for the iBB members of the Group.	ceive notice to the n a Group of Com billed separately. E	contrary. If the above listed company panies a new Principal Company must by completing the following details you		
Please complete the new Principal Company's details below				
Company Name	NSC	Account Number		
I confirm that the customer signature(s) have been verified OR				
I confirm that Branch holds a valid instruction to withdraw the service or has given the customer appropriate notice of withdrawal				
Authorised Signatory at Branch				
PRINT NAME	SIGNATURE			
SIGNING NUMBER	DATE			
Day Month Year		Year		
CONTACT NUMBER				



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