



# iBusiness Banking Bureau Client Payment Files Application and Authorisation Form

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

## Welcome to iBusiness Banking

### Need help completing this form?

If at any point throughout the application process you need assistance please pick up a phone and call the iBusiness Banking Customer Service team on the following numbers:

0818 72 00 00  
+353 1 641 4889 (outside ROI)  
Mon-Fri 8:30 – 17:30

# 1. Payment Files Application and Authorisation for a Client of Bureau

## Application and Authorisation Terms

Words, terms and expressions defined in the iBusiness Banking Terms and Conditions (save where otherwise defined herein) have, when used in this form, the same meaning as they have in the iBusiness Banking Terms and Conditions.

The entity named below (the **"Bureau Client"**) (i) wishes to avail of certain Payment Files services from Allied Irish Banks, p.l.c. (the **"Bank"**) through iBusiness Banking in respect of the Bureau Client's accounts that are held with the Bank, or any subsidiary or associated company of the Bank (the **"Services"**); and (ii) in connection with such Services, hereby agrees that the bureau identified below (the **"Bureau"**) be authorised to act on behalf of the Bureau Client in order that the Bureau Client may avail of the Services, provided always that the Bureau acts in accordance with the iBusiness Banking Terms and Conditions (the **"Application and Authorisation"**).

In consideration of the agreement by the Bank to provide the Services in this manner, the Client hereby:

(a) agrees that, as between the Bureau Client and the Bank, to the extent relevant to the Services, the iBusiness Banking Terms and Conditions (as amended from time to time) shall apply (and for these purposes references to a 'Customer' in the iBusiness Banking Terms and Conditions shall refer to the Bureau Client). In particular, and without limitation, the provision of the iBusiness Banking Terms and Conditions headed 'Liability', currently clause 10, shall apply in full to the Services notwithstanding that the Services may be availed of by the Bureau on behalf of the Bureau Client;

(b) warrants and represents to the Bank that:

(i) the information provided in this Authorisation Form is accurate and complete in all respects;

(ii) the Bureau Client has full power and authority to execute and deliver this Application and Authorisation and to comply with the provisions of, and perform all its obligations and exercise all of its rights under, this Application and Authorisation;

(iii) for the duration of the term of this Authorisation the Bureau is authorised to act on behalf and in the name of the Bureau Client in order that the Bureau Client may avail of the Services in respect of accounts held by the Bank or any subsidiary or associated company of the Bank;

(c) expressly agrees that in order to facilitate the Bureau acting for and on behalf of the Bureau Client to avail of the Services on behalf of the Bureau Client, the Bureau shall be entitled to:

(i) receive from and disclose to the Bank any and all information required (as reasonably contemplated) in order to so act; and

(ii) take any action on behalf of the Bureau Client reasonably necessary for the Bureau to avail of the Services on behalf of the Bureau Client.

The Bureau Client acknowledges that the Services that it avails of pursuant to the actions of the Bureau acting (or purporting to act) on its behalf through iBusiness Banking are governed by the Bank's iBusiness Banking Terms and Conditions and that the Bureau Client is bound by the actions of the Bureau in so acting. Accordingly, it is the Bureau Client's sole responsibility to ensure that adequate controls are in place to monitor, and to the extent relevant, control the Bureau's activity in acting on the Bureau Client's behalf hereunder.

This Application and Authorisation will commence on the date on which this duly executed Application and Authorisation Form is received by the Bank and will continue until terminated by the Bureau Client on seven days prior notice to the Bank.

### 1.1 Enter the details of the BUREAU CLIENT that is authorising the Bureau to avail of iBB Payment Files services on the Client's behalf:

Company Name

Postal Address

Phone

Client Contact

Type of Entity:

Company ☐

Partnership ☐

Sole Trader ☐

Other

## 1.2 Bureau Details

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Bureau Name	<input type="text"/>
Bureau Contact	<input type="text"/>
Phone	<input type="text"/>

## 1.3 Authorised Signatories

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Signed on behalf of the COMPANY noted above

Authorised Signatory Name	<input type="text"/>						
Signature	<input type="text"/>						
Date	<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/> <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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Email Address	<input type="text"/>						
Phone	<input type="text"/>						

Additional Company Signatories (If Required)

Authorised Signatory Name	<input type="text"/>						
Signature	<input type="text"/>						
Date	<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/> <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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Authorised Signatory Name	<input type="text"/>						
Signature	<input type="text"/>						
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Authorised Signatory Name	<input type="text"/>						
Signature	<input type="text"/>						
Date	<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/> <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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**Need assistance? Phone our customer service team on 0818 72 00 00 Mon-Fri 8:30 – 17:30**

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

## 2. Select the type of Payment Files service that is required

### 2.1 Payment Files – Credit Transfers

For customers who make domestic and cross border payments in Euro within the SEPA zone, the SCT (SEPA Credit Transfer) option is recommended. Customers who wish to upload payment files containing Euro and other currency payments will need to select the MCY (Multi-Currency) option\*.

#### 2.1.1 Origination Identification Number (OIN)

The OIN is a unique alphanumeric identifier which identifies you as the customer and the type of payment files that are submitted to the bank for processing.

**OIN Type:** Please mark the box for the OIN type that you wish to set up. SCT ☐ MCY ☐

\*Please note that by choosing an MCY option you agree to an additional quarterly operating fee. Please refer to your local branch or online at [www.aib.ie](http://www.aib.ie)

**OIN Description:** The OIN and the OIN description will be displayed to all users who have access to this OIN. You can specify an OIN description to help you clearly identify the nature of the payments submitted under this OIN. Example: 'Company Name'.

**OIN Description (max. 18 characters)**

#### 2.1.2 Debit Account Details

Please list the accounts from which you wish to make payments from. All of the accounts listed below will be linked to the OIN. Payment charges for Euro payments to the SEPA zone will be debited from the first account listed below.

**This account must be a EUR branch current account. Payment charges for non-SCT payments and the MCY option quarterly charge will be collected separately.**

Account Name	<input type="text"/>
IBAN	<input type="text"/>
Account CCY	<input type="text"/>
Account Name	<input type="text"/>
IBAN	<input type="text"/>
Account CCY	<input type="text"/>
Account Name	<input type="text"/>
IBAN	<input type="text"/>
Account CCY	<input type="text"/>
Account Name	<input type="text"/>
IBAN	<input type="text"/>
Account CCY	<input type="text"/>
Account Name	<input type="text"/>
IBAN	<input type="text"/>
Account CCY	<input type="text"/>
Account Name	<input type="text"/>
IBAN	<input type="text"/>
Account CCY	<input type="text"/>

## 2.2 Payment Files – Direct Debit

Debit Payments Files are suitable for customers who collect domestic and cross border Direct Debit in Euro within the SEPA zone.

### 2.2.1 Origination Identification Number (OIN))

The OIN is a unique alphanumeric identifier which identifies you as the customer and the type of payment files that are submitted to the bank for processing.

**OIN Description:** The OIN and the OIN description will be displayed to all users who have access to this OIN. You can specify an OIN description to help you clearly identify the nature of the payments submitted under this OIN. Example: 'Company Name'.

OIN Description (max. 18 characters)

### 2.2.2 Credit Account Details

Choose the account(s) you require to be credited with your Direct Debits.

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

Account Name

IBAN

Account CCY

Account Name

IBAN

Account CCY

Account Name

IBAN

Account CCY

Account Name

IBAN

Account CCY

Account Name

IBAN

Account CCY

Account Name

IBAN

Account CCY

### 2.3 Select how you want to AUTHORISE Payment Files any (Please consult your Bureau before selecting any of the below options)

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.

### 3. Resolution for a Company to authorise a Bureau to avail of Payment Files services through iBusiness Banking on its behalf

**ONLY Companies should complete this section.**

This section details who is authorised to make decisions on behalf of the company in relation to Payment Files services. This must be signed by the chairperson of the meeting (this person must be a director of the company) and countersigned by another director of the company or the Company Secretary.

#### Company Resolution (Companies Only)

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##### Minutes of the Meeting of the Board of Directors

Company Name  the "Company"

duly held on 

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

##### 1. The Chairperson reported to the Board that:

(i) Allied Irish Banks, p.l.c. (the "**Bank**") provides a cash management facility whereby a Customer of the Bank, or a third party acting on the customer's behalf, may conduct and control certain of the customer's accounts and banking requirements with the Bank and the Bank's subsidiaries and associates companies (the "**Bank's Group**") through the Bank's iBusiness Banking service on the internet or by any other such means as may be authorised by the Bank (the "**Services**");

(ii) it was proposed that  (the "Bureau")

be authorised to act as agent of the company in order to avail of the Services for and on behalf of the Company in respect of the Company's accounts which are held with the Bank's Group (the "Accounts") in accordance with the Application and Authorisation (as defined therein), a copy of which was presented to the meeting;

(iii) the Bank has agreed to provide the Services in respect of the Accounts to the Company and to engage with, and act in accordance with the instructions of, the Bureau, in its capacity as agent of the Company, for such purposes pursuant to the terms of the Agreement as defined in the iBusiness Banking Terms and Conditions, a copy of which was presented to the meeting, conditional on the proper completion and submissions to the Bank of the Application and Authorisation.

##### 2. After careful consideration the Board formed the view that authorising the Bureau to act on behalf of the Company to avail of the Services in respect of the Accounts would be for the benefit of and conducive directly and indirectly to the business of the Company and accordingly IT WAS RESOLVED

(i) that it is to the advantage and in the best interests of the Company to authorise the Bureau to act on behalf of the Company to avail of the Services in respect of the Accounts for and on behalf of the Company;

(ii) that all the terms and conditions of the Application and Authorisation are acceptable and are hereby approved;

(iii-a) that the following individuals are authorised to sign the iBusiness Banking Client of a Bureau Payment Files Application and Authorisation Form, any document amending the Application and Authorisation or any ancillary document and do all or any of the acts or things on behalf of the Company as they in their discretion think fit in connection with the Application and Authorisation:

### 3.1 Who can authorise the Bureau to avail of the Services on the Company's behalf?

The following people are authorised to make decisions on behalf of the Company in relation to the Authorisation:

Authorised Signatory	<input type="text"/>
Signature	<input type="text"/>
Authorised Signatory	<input type="text"/>
Signature	<input type="text"/>
Authorised Signatory	<input type="text"/>
Signature	<input type="text"/>
Authorised Signatory	<input type="text"/>
Signature	<input type="text"/>

(iii-b) From the above signatures the following number must be present to authorise any documentation of requests:

### 3.2 How many are required to sign the Application and Authorisation Form?

The following number of the above individuals are needed to co-sign this iBB Payment Files services Application and Authorisation Form:

E.g. If you mark the box marked 'Any 2 Signatories', then this form and any future iBusiness Banking requests MUST be signed by 2 of the people listed above.

Mark one box only                      Any 1 signatory ☐                      Any 2 signatories ☐                      All signatories ☐

(iv) that the authorised signatories above may only be changed by resolution of the Board, certified to the Bank in writing under the hand of a Director and countersigned by a second Director or the Secretary of the Company;

(v) that the Application and Authorisation shall remain in full force unless and until it is terminated by resolution of the Board and notice given to the Bank of such resolution or by notice in writing to the Bank under the hand of a Director and countersigned by a second Director or the Secretary of the Company.

### 3.3 Company Resolution Signatories

IT IS HEREBY CERTIFIED that the foregoing is a true extract from the minutes of the meeting of the Board of Directors of the above named company

This must be signed by the chairperson of the meeting (this person must be a director of the company) and countersigned by another director of the company or the Company Secretary. TWO separate signatures are required.

Chairperson	<input type="text"/>
Signature	<input type="text"/>
Director/ Company Secretary	<input type="text"/>
Signature	<input type="text"/>

Need assistance? Phone our customer service team on 0818 72 00 00 Mon-Fri 8:30 – 17:30  
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## 4. Customer Resolution for Clubs/Unincorporated Associations/Schools to allow a Bureau to Process Payment Files Services

This section details who is authorised to make decisions on behalf of the relevant entity in relation to iBB/Payment Files services. This must be signed by the Chairperson/President/Principal Officer\* of the meeting and countersigned by the Secretary/Treasurer/another officer\* of the Entity.

\* If this resolution is to be certified by an officer other than the Chairperson or President and/or countersigned by an officer other than the Secretary or Treasurer of the Entity, please contact the Bank to confirm who should certify and/or countersign.

### Resolution

Minutes of a meeting of [insert details of managing body e.g. The Committee (the "Meeting")] of

the "Entity"

duly convened and held on 

Day			Month			Year			
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#### 1. It was reported to the Meeting that:

(i) Allied Irish Banks, p.l.c. (the "Bank") provides a cash management facility whereby a customer of the Bank, or a third party acting on the customer's behalf, may conduct and control certain of the customer's accounts and banking requirements with the Bank and the Bank's subsidiaries and associates companies (the "Bank's Group") through the Bank's iBusiness Banking service on the internet or by any other such means as may be authorised by the Bank (the "Services");

(ii) it was proposed that  (the "Bureau")

be authorised to act as agent of the Entity in order to avail of the Services for and on behalf of the Entity in respect of the Entity's accounts which are held with the Bank's Group (the "Accounts") in accordance with the Application and Authorisation (as defined therein), a copy of which was presented to the meeting;

(iii) the Bank has agreed to provide the Services in respect of the Accounts to the Entity and to engage with, and act in accordance with the instruction of, the Bureau, in its capacity as agent of the Entity, for such purposes pursuant to the terms of the Agreement as defined in the iBusiness Banking Terms and Conditions, a copy of which was presented to the meeting, conditional on the proper completion and submissions to the Bank of the Application and Authorisation.

#### 2. After careful consideration the Meeting formed the view that authorising the Bureau to act on behalf of the Entity to avail of the Services in respect of the Accounts would be for the benefit of and conducive directly and indirectly to the activities of the Entity and accordingly IT WAS RESOLVED

(i) that it is to the commercial advantage and in the best interests of the Entity to authorise the Bureau to act on behalf of the Entity to avail of the Services in respect of the Accounts for and on behalf of the Company;

(ii) that all the terms and conditions of the Application and Authorisation are acceptable and are hereby approved;

(iii-a) that the following individuals are authorised to sign the iBusiness Banking Client of a Bureau Payment Files Application and Authorisation Form, any document amending the Application and Authorisation or any ancillary document and do all or any of the acts or things on behalf of the Entity as they in their discretion think fit in connection with the Application and Authorisation:



#### 4.1 Who can authorise the Bureau to avail of the Services on the Entity's behalf?

The following people are authorised to make decisions on behalf of the Entity in relation to the Authorisation:

Authorised Signatory	<input type="text"/>
Signature	<input type="text"/>
Authorised Signatory	<input type="text"/>
Signature	<input type="text"/>
Authorised Signatory	<input type="text"/>
Signature	<input type="text"/>
Authorised Signatory	<input type="text"/>
Signature	<input type="text"/>

(iii-b) From the above signatures the following number must be present to authorise any documentation of requests:

#### 4.2 How many are required to sign the Application and Authorisation Form?

The following number of the above individuals are needed to co-sign this iBB Payment Files services Application and Authorisation Form:

E.g. If you mark the box marked 'Any 2 Signatories', then this form and any future iBusiness Banking requests MUST be signed by 2 of the people listed above.

Mark one box only                      Any 1 signatory ☐                      Any 2 signatories ☐                      All signatories ☐

(iv) that the authorised signatories above may only be changed by resolution of the Meeting, certified to the Bank in writing under the hand of the Chairperson/President/Principal Officer\* of the Meeting and countersigned by the Secretary/Treasurer/another officer\* of the Entity.

(v) that the Authorisation shall remain in full force unless and until it is terminated by resolution of the Meeting and notice given to the Bank of such resolution or by notice in writing to the Bank under the hand of the Chairperson/President/Principal Officer\* of the Meeting and countersigned by the Secretary/Treasurer/another officer\* of the Entity.

\* If this resolution and any amendment to it is to be certified by an officer other than the Chairperson or President and/or countersigned by an officer other than the Secretary or Treasurer of the Entity, please contact the Bank to confirm who should certify and/or countersign

#### 4.3 Resolution Signatories

IT IS HEREBY CERTIFIED that the foregoing is a true extract from the minutes of the meeting

This must be signed by the Chairperson/President/Principal Officer\* of the meeting and countersigned by the Secretary/Treasurer/another officer\* of the Entity. TWO separate signatures are required.

\* If this resolution is to be certified by an officer other than the Chairperson or President and/or countersigned by an officer other than the Secretary or Treasurer of the Entity, please contact the Bank to confirm who should certify and/or countersign.

Chairperson/President /Principal Officer	<input type="text"/>
Signature	<input type="text"/>
Secretary/Treasurer /Officer	<input type="text"/>
Signature	<input type="text"/>

## Check List for the Bureau Client ✓

Before you submit your Application and Authorisation Form, please read through the following list to check that you have completed the form correctly. This will help speed up your application.

### All Applicants

- ✓ Ensure that sections 1 and 2 are fully completed.
- ✓ Depending on what type of business/entity you are please fully complete the appropriate resolution in Section 3 or 4.
- ✓ Return the completed Application and Authorisation Form to your AIB Relationship Manager.
- ✓ You will receive a notification from your branch of the relevant limits which apply to the value of the transactions which may be processed on your accounts.

### For Bank Use Only

**ATTENTION!** The ORIGINAL form must be kept in branch and a COPY should be EMAILED (ibb.after.sales@aib.ie) or FAXED ((01) 608 9454) 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

<b>I confirm that the customer signature(s) have been verified</b>							
Branch/Business Centre Name	<input type="text"/>						
<b>Authorised Signatory at Branch</b>							
Name	<input type="text"/>						
Signature	<input type="text"/>						
Date	<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Day	Month	Year					
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Signing Number	<input type="text"/>						
Contact Number	<input type="text"/>						

For assistance or queries please contact  
Phone: (01) 7726686 Mon – Fri 08:30 – 17:30  
Alimail ID: IBUSBANK