



# 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

Single/Lead Entity Name

An Existing User ID

**Please review the number of Local Administrators/Payment Authorisers who have access to iBB -** a separate Add/Amend a Local Administrator or Payment Authoriser form is available.

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

Select how you want to control and verify security and administration changes on iBB by ticking ONE box below.

- A  TWO Local Administrators are required to authorise set-up modifications (Recommended) (more secure in a multi-user environment).
- OR
- B  Only ONE Local Administrator is required to authorise set-up modifications.

**If you have ticked box A above then you MUST have at least TWO Local Administrators set up on iBB**

### 1.2 Select how many people you need to AUTHORISE payments

- A  TWO Users are required to authorise ALL payments (Recommended) (more secure in a multi-user environment)
- 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  Only ONE User is required to authorise any payment.

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

## Client Contact Details

If your Client Contact has changed, please update the details below

FIRST NAME <input type="text"/>	SURNAME <input type="text"/>
BUSINESS EMAIL ADDRESS <input type="text"/>	TELEPHONE NUMBER <input type="text"/>

## Authorisation

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

Signed on behalf of the Entity noted above in accordance with our existing mandate 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"/>

Once completed, please forward this Amendment request to your Business Centre as we will be unable to process your request unless it is signed.

## FOR BANK USE ONLY

**ATTENTION!** The ORIGINAL form must be kept in the customer file and a COPY should be scanned

Please ensure that the correct signatories have signed this Amendment Request

If you wish to query the status of your request you can contact the iBB Set up and Amends Team at [ibusinessbanking@aib.ie](mailto:ibusinessbanking@aib.ie)

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

Customer Owner	
PRINT NAME	SIGNATURE
<input type="text"/>	<input type="text"/>
DATE	
Day Month Year	
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	



Information correct as at November 2019

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