



Amend iBB Limits, Modules and Charging Account on iBusiness Banking (iBB)

How to complete th	ne form													
Please use a BLACK pen	Mark boxes like this If you make a mistake, do this and mark the correct box			3 Please use BLOCK CAPITAL A 2 LETTERS and leave one space between each word										
Entity Name														
An Existing User ID														
Section 1 – iBB Limits														
The limits quoted below (suiBB Letter of Confirmation.											show	n in t	he or	iginal
Single Entity - Please comp	lete the fo	ollowing	section	S	••••••					•••••	••••••			•••••••••••••••••••••••••••••••••••••••
Cash Management limit: (Maximum amount of payments	£ to be made	using acc	count tran	nsfers, thir	Daily d party pa	yment	s, CHAPS an	d Inte	rnational	payme	ents)			
Forward Value Credit limit: (Maximum amount of Bulk paym		the period	d)		Daily		Weekly		Month	nly	(ple	ase tick	as app	licable)
Forward Value Debit limit: (Maximum amount of Bacs colle		g the perio	od)		Daily		Weekly		Month	nly	(ple	ase tick	as app	licable)
Group Entity - please comp	lete the f	ollowing	section	ıs					•••	•••••	•			•
Total Group Limits											••••••			
Cash Management limit:	£				Daily									
(Maximum amount of payments	to be made	by the Gr	oup usin	g account	transfers,	third p	arty paymer	nts, Ch	HAPS and	d Intern	nationa _	l payn	nents)	
Forward Value Credit limit:					Daily		Weekly		Month	nly	(ple	ase tick	as app	licable)
(Maximum amount of Bulk paym	ents to be r	nade by th	ne Group	during th	e period)						7			
Forward Value Debit limit: (Maximum amount of Bacs colle	£ ctions to be	made by	the Group	p during t	Daily he period)		Weekly		Month	ıly	(ple	ase tick	as app	licable)
Entity Name:														
Cash Management limit: (Maximum amount of payments	£ to be made	using acc	ount tran	nsfers thir	Daily	vment	s CHAPS an	d Inte	rnational	navme	ents)			
Forward Value Credit limit: (Maximum amount of bulk Bacs	£				Daily		Weekly		Month			ase tick	as app	licable)
Forward Value Debit limit: (Maximum amount of Bacs colle	£				Daily		Weekly		Month	nly	(ple	ase tick	as app	licable)
Entity Name:														
Cash Management limit: (Maximum amount of payments	£ to be made	using acc	count tran	nsfers, thir	Daily d party pa	yment	s, CHAPS an	d Inte	rnational	payme	ents)			
Forward Value Credit limit: (Maximum amount of bulk Bacs		uring the	period)		Daily		Weekly		Month	nly	(ple	ase tick	as app	licable)
Forward Value Debit limit:	£	a the perio			Daily		Weekly		Month	nly	(ple	ase tick	as app	licable)

Section 2 - iBB Modules

Please amend the available iBB modules to	:							
						į	Add	Delete
a) Payments	Inter Account Trans Currency Payment							
b) iBulk Payments	Bulk Payments (e.g							
Please note, options a & b include view acco	unt information							
c) View only (free of charge)	View Account Infor	ıles						
Separate payment limits are required for th When amending iBB modules please unde requirements and complete the appropriate	rtake a review of yo	ur existing	g limits to e	nsure the	ey are ac			
When applying for the iBulk Payments mod form may also be required.	lule, complete the c	details belo	ow and an	iBB Bacs	tel-IP Ind	direct L	lser App	olication
Business Accounts Account Name	NS	SC .		Accour	er		Bulk Settlement DR CR	
If the account is to be used for settlement purposes If applicable, complete a Bacstel-IP Amendment Form					st your Ba	cs Service	e User Nu	umber (SUN).
Section 3 – iBB Charging Account								
Please amend the Account used for the de-	duction of iBB quar	terly Fees	and Servic	e Charge	es to:			
Account Name		N	ISC		Acc	ount N	umber	
Authorisation								
We, the Customer, wish to amend the deta document is subject to the Terms and Cond			plication fo	or iBB. W	e acknov	wledge	that th	is
Signed on behalf of the Entity noted above	in accordance with	our existi	ng mandat	te for iBB				
AUTHORISED SIGNATORY 1		AUTHOR	RISED SIGN	NATORY 2	2			
Day Month Year Date		Date	Day N	Month /	Year			

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



Information correct as at July 2021

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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

iBP transaction fee:	£							
Automatic Chaps Charge	Υ	N						
Limits Changes	Υ	N						
If Day 3 or DD iBB Bacstel IP form must be completed and forwarded to creditopsuk@aib.ie Y								
I confirm that the customer signature(s) have been verified OR								
Customer authorisation held by Bank OR								
Amendment authorised by Bank.								
Customer Owner PRINT NAME			SIGNATURE					
			DATE Day Month Year					
Credit Operations (Day 3 Cu	stomers only)							
PRINT NAME			SIGNATURE					
STAFF NUMBER			DATE Day Month Year					