



# Post Office Business Cheque Encashment Facility

**Please note** – when filling out this form use the tab and arrow keys to move between the relevant fields. Ensure you do not use the return or enter keys. Please complete in BLOCK CAPITALS.

The Customer instructs First Trust Bank to set up a Business Cheque Encashment Facility to enable a **Customer** or an individual authorised by the Customer (an **Authorised Person**), to withdraw money over the counter at one of the **Post Office** branches.

## 1. Type of request

New Facility  Amendment to existing Facility

Please enter reason

## 2. Customer details

Account name (as shown on cheque book)

Account Number  Sort code

## 3. Business Cheque Encashment details

If you need help finding the name & address of your preferred post office, please visit: <http://www.postoffice.co.uk/branch-finder>

For amendment applications please ensure to re-confirm the details of the PO branch you are amending this Facility for.

| Nominated PO Branch names and address (in order of preference) |                      | PO Branch Postcode   | For PO use only          |
|--|----------------------|----------------------|--------------------------|
| 1  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 2  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| 3  | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

Expected visits in a week: Monday  Tuesday  Wednesday  Thursday  Friday   
Saturday (where applicable)  Sunday (where applicable)

Maximum amount in any one day: £

Amount in words

First Trust Bank is a trade mark of AIB Group (UK) p.l.c. (a wholly owned subsidiary of Allied Irish Banks, p.l.c.), incorporated in Northern Ireland. Registered Office 92 Ann Street, Belfast BT1 3HH. Registered Number NIO18800. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

## 4. Identification of Authorised Persons

Cheques will be made payable to:

**“Post Office Ltd”**

– and may only be cashed by the named Authorised Person below (or an Authorised Signatory specified in the mandate) who must present the appropriate ID:

|                     |  |  |
|---------------------|--|--|
| Authorised Persons: |  |  |
|                     |  |  |
|                     |  |  |

### ID to be presented (on every visit to nominated branch)

I confirm that the Authorised Persons must present one of the following IDs on every occasion:

Passport or Driving License

## 5. Customer agreement

### By signing, the Customer agrees:

- (a) the Post Office on behalf of the Bank may cash a cheque even if it is crossed.
- (b) a cheque cannot be stopped once cash has been paid over the counter.
- (c) to pay the Bank's charges as agreed and confirmed at opening or when providing the Facility.
- (d) to indemnify the Bank and keep the Bank indemnified from and against all claims, demands, actions, losses, damages, costs and expenses which the Bank may incur or suffer by virtue of agreeing to provide the above arrangement and we undertake to reimburse the Bank on demand in full (without applying any set-off or deduction) with any amounts which the Bank may claim from us arising from such indemnity failing.
- (e) to be bound by these terms and conditions and by the conditions contained in the First Trust Business Account terms and conditions a copy of which I have received.
- (f) the Facility will continue until the Customer gives the Bank not less than 5 business days' notice to cancel the Facility or gives the Bank a replacement form.
- (g) the Bank may cancel the Facility immediately if it suspects the Facility may be abused or give rise to fraud on the account. Otherwise the Bank will give the Customer not less than 30 days' written notice.
- (h) any single cheque must be a minimum of £100 and must not exceed the daily agreed limit marked in Section 3 of this form.
- (i) the Facility will go through a credit approval process.
- (j) all information provided on this mandate will be shared with Post Office Ltd.

Signed in accordance with the authority held by the Bank

Any one to sign  Any two to sign

|  |  |
|--|--|
| Customer Signature(s)  | Customer Signature(s)  |
|  |  |
| Name   | Name   |
|  |  |
| Date   | Date   |
| <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> |
| Customer Signature(s)  | Customer Signature(s)  |
|  |  |
| Name   | Name   |
|  |  |
| Date   | Date   |
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**Customers – please return all completed forms to your bank contact for authorisation.**