



Domestic or International Payment Form (P.T.O)

Please complete this Domestic or International Payments Form P.T.O

Payment Authorisation Form – International transfers

I, _____

being the Executor(s)/Administrator(s)/next of kin of _____ deceased hereby authorise AIB Bank to effect an Electronic Funds Transfer, in relation to all monies held in AIB Bank for and behalf of the late _____, deceased to the account number nominated below.

Please complete the following details:

Payee Account Number	<input type="text"/>
Payee Bank Code/ABA Number	<input type="text"/>
Payee Name	<input type="text"/>
Payee Address	<input type="text"/>
Payee Bank SWIFT Address/BIC	<input type="text"/>
*IBAN or Receiver Account No.	<input type="text"/>
*Must be in IBAN format if in Euro and intra SEPA zone countries	<input type="text"/>
Bank's Name	<input type="text"/>
Bank's Address	<input type="text"/>

NAME <input type="text"/>	SIGNATURE <input type="text"/>
NAME <input type="text"/>	SIGNATURE <input type="text"/>
NAME <input type="text"/>	SIGNATURE <input type="text"/>
WITNESS This form must be witnessed by a solicitor or AIB bank official.	
WITNESS NAME <input type="text"/>	<input type="text"/>
SIGNATURE <input type="text"/>	WITNESS BRAND AND DATE <input type="text"/>

Note 1: All payments will be sent in Euro's.

Note 2: Receivers Bank must be located in the SEPA zone.

Note 3: Please note no administration charges for deceased accounts apply, however, funding cost could apply if the Treasury rate has increased between the time of initial investment and the breach of terms.

Note 4: There will be no AIB charge for this payment, however intermediary (Agent) and/or received Bank charges may apply. The receiver will be accountable for these charges.

Note 5: Execution timeframe is a minimum of 2-3 days*

*The execution timeframes shown are indicative only. AIB does not guarantee that the payment will reach the receiving Bank within the Executed timeframe. Delivery times may vary. AIB Bank is not responsible for failure of the receiving bank to pass on the payment to the receiver.

Payment Authorisation Form – Domestic transfer

To: Allied Irish Banks, p.l.c. ('the Bank')

I, _____

being the Executor(s)/Administrator(s)/next of kin of _____
deceased hereby authorise AIB Bank to effect an Electronic Funds Transfer, in relation to all monies held in AIB Bank for
and behalf of the late _____, deceased to the
account number nominated below.

Please complete the following details:

Payee NSC Details	<input type="text"/>
Payee Account Number	<input type="text"/>
BIC	<input type="text"/>
IBAN	<input type="text"/>
Payee Name	<input type="text"/>
Payee Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Bank Name	<input type="text"/>

NAME	SIGNATURE
<input type="text"/>	<input type="text"/>
NAME	SIGNATURE
<input type="text"/>	<input type="text"/>
NAME	SIGNATURE
<input type="text"/>	<input type="text"/>

WITNESS This form must be witnessed by a solicitor or AIB bank official.

WITNESS NAME	<input type="text"/>
SIGNATURE	WITNESS BRAND AND DATE
<input type="text"/>	<input type="text"/>

Note 1: There will be no AIB charge for this payment, however intermediary (agent) and/or Receiver Bank charges may apply. The Receiver will be accountable for these charges.
Note 2: AIB's execution timeframe are as follows.
Third party AIB Accounts:
Value is given on the same day if the transfer is made on a business day before 17:00 daily. Payments made after 17:00 will be credited for Value on the next business day.
Third Party – Other Bank Accounts within the Republic of Ireland
Value is given the next business day if the transfer is made before 13:30.
Value is given in 2/3 business days, if the transfer is made after 13:30.
Note 3. AIB is not responsible for failure of the Receiver's Bank to pass on the payment to the Receiver.



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