

Payment Authorisation Form for Executors/Administrators

Please take time to fill this form out correctly and fully using BLOCK CAPITALS.

1 | PAYMENT REQUESTED – TERMS & CONDITIONS

TO: BANK OF IRELAND (the “Bank”)

We are the personal representatives of the deceased customer named in Section 2 of this form. We instruct the Bank to do the following:

1. Please close all of the deceased customer’s accounts with the Bank including any we list in Section 3 of this form.
2. Please pay the proceeds of the accounts of the deceased customer (once they are closed) to the account we have detailed in Section 4 of this form.
3. If the deceased customer’s estate owes the Bank any money, we instruct and permit the Bank (a) to set off the money in the deceased customer’s accounts against the amount the estate owes the Bank; (b) to combine or consolidate some or all of the accounts of the deceased with the Bank; and (c) if any combination or set off requires the Bank to convert from one currency to another, the Bank may use its prevailing exchange rates. The Bank can act on these instructions and permissions at any time without further notice to us.
4. In this form “account” includes an account in any currency, deposit, current or other form of account; and also includes a share of an account in joint names of the deceased customer and another person (or other people) where that share belongs to the deceased’s estate.; and “owes” includes owing in any way and includes, for example, money owed to the Bank under a loan, overdraft or credit card.

2 | DECEASED CUSTOMER DETAILS

Deceased Customer Name: Date of Death: / /

Our GC Reference Number, if you have it:

3 | ACCOUNT(S) TO BE CLOSED

NSC	Account Number
<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"/>

4 | DETAILS OF THE ACCOUNT YOU WANT US TO PAY THE MONEY TO

Here you give us the details of the account to which you instruct us to pay the money from the account(s) of the deceased.

BIC*:

IBAN*:

Account Holder Name: Bank Name:

Account Holder Address: Bank Address:

If the payee is a non European Union / International account we will require:

Account Number: Sort Code:

Routing Number if applicable: (e.g. you might need this for a USA account)

Swift Code:

*The BIC & IBAN can be found on the Bank Statement of the account you want us to pay the funds to.

5 | EXECUTOR(S) / ADMINISTRATOR(S)

Please Insert Name in Block Capitals

Name

Signature