

Non-Personal Account Switching Form

If you would like to switch a non-personal account to permanent tsb please complete and sign the form below.



Private & Confidential

The Manager

Old Bank Name

Old Bank Address

Option A: I/we would like my/our "Old" Account to be Closed

Option B: I/we would like my/our "Old" Account to remain Open

Re: Transfer of Old Bank Identification Code (BIC)

Re: Transfer of Old International Bank Account Number (IBAN)

To New Bank BIC

To New Bank IBAN

Account Name(s):

Business Address:

To the Manager,

- >> I/we hereby request and authorise you to prepare and supply to permanent tsb and to me/us, a schedule of active Standing Order Instruction details ("the Schedule") held by you in relation to my/our account at your branch.
- >> If I/we have indicated above by ticking the box that I/we would like my/our Old Bank Account Number to be closed, then I/we further request and authorise you to transfer the remaining balance of the Account to permanent tsb (and to the account thereat) as listed above as soon as all other normal procedures for account transfer are completed, upon or following which transfer you are authorised and instructed to close the Account.
- >> I/We authorise and request that you will redirect, where possible, any debit card transactions presented on my/our old account to my/ our permanent tsb account.
- >> I/We are aware that all cheques presented on the account after it is closed will be returned unpaid marked "Account Closed/ Switched".
- >> I/we will return all cards and unused cheques on the Old Bank Account Number to you.
- >> The preferred date for forwarding this authority is / / (Switch Start Date).
Please notify the Originators of all Direct Debits on the Account, of details of the above transfer.

To the Manager, permanent tsb,

1. I/we authorise _____ Ph: _____ to act as the preferred contact for switching the above account.
2. On receipt of the Schedule as described above, I/we authorise you to pay Direct Debits and Standing Orders as so listed in the Schedule on and out of my/our account with your branch as listed above (and in accordance with the bank mandate applicable to that account). I/ we will inform you in writing if I/we wish to amend or cancel any part of this instruction.
3. If I/we have indicated that I/we wish my/our Old Account to be closed, and if my/our balance at the Old bank is overdrawn, I/we authorise you to pay from my/our account the amount of such overdrawn balance as is transferred to you by the Old bank.
4. I/We request and authorise you to apply and pay any debit card transactions redirected to you from my/our Old bank to my/our new account in accordance with the terms and conditions applying to my/our account.

Yours sincerely,

Authorised Signature (1)

Authorised Signature (2)

Date / /

Please ensure that these signatories are the same as the signatories on the mandate with your old bank.

Call us on

1890 500 187

Facsimile

01 212 4205

Email

switcher@permanentsb.ie

Please return to:
Switch Centre, permanent tsb,
Corporate Centre, Carysfort Avenue,
Blackrock, Co. Dublin.

All queries and correspondence for permanent tsb should be directed to the address details opposite.