

Club-AIBMS Requirements

Date: _____

Organisation Name: _____

Please ensure the following documentation is available, legible and in date before you schedule an appointment with the Payzone representative.

Use this checklist to help you verify that all required documentation is included.

Requirement		Enter Date where required
Proof of banking: Bank statement within 6 months or copy of an unused cheque from cheque book. (Proof of banking must clearly show the Bank Account Name, Number and Sort Code)	<input type="checkbox"/>	Statement date <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>
Mandate from bank: Letter from bank stating names of ALL signing authorities (including their role and residential address (this is to confirm who has signing authority))	<input type="checkbox"/>	Please ensure the person who signs the application form is on the mandate from the bank and has provided their documentation as outlined below (Proof of ID and Proof of residential address)
Board of Management: List of all members of the board of management on the club's headed paper.	<input type="checkbox"/>	
1st Signatory Name (Note: at least one signatory should be a member of the board)		
Proof of ID Driving Licence or Passport (must be current and in date)	<input type="checkbox"/>	Expiry Date <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>
Proof of residential address One of the following... Home utility bill/personal bank statement/personal credit card statement/Personal Revenue or Social Welfare letter	<input type="checkbox"/>	Bill Date <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>
2nd Signatory Name		
Proof of ID Driving Licence or Passport (must be current and in date)	<input type="checkbox"/>	Expiry Date <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>
Proof of residential address One of the following... Home utility bill/personal bank statement/personal credit card statement/Personal Revenue or Social Welfare letter	<input type="checkbox"/>	Bill Date
Bank Statement Last 3 MONTHS	<input type="checkbox"/>	
Accounts Full accounts for the latest financial year (profit * loss, balance sheet and accounting notes)	<input type="checkbox"/>	Year <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>

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Membership Type	CARD TURNOVER (CTO)
Annual	
Semi Annual	
Quarterly	
Monthly	
Add any other items	

- Details of any other services provided that aren't covered by the above table. Please provide an estimated CTO, payment terms and average lead times for these additional services.

Please note:

1. If any Committee members on the list you provide have a political role (such as a local Councillor for example) AIB merchant services will request proof of identity and proof of address documents for these members. This would be a requirement for compliance with anti-money-laundering regulations relating to setting up a merchant account and may be requested even if the member is not an authorised signatory on the application.
2. All documentation provided in respect of the application for a merchant account is subject to checking and risk assessment by AIB and they may request additional information from time to time.

Internal Use Only		
	Signed by	Date
Payzone Representative:		
Sales Admin Representative:		