

EBS Your Accounts Online Application Form

Use Black Pen Only

PERSONAL DETAILS

Full Name:
(Mr/Mrs/Ms/Miss/etc.)

Postal Address:
(All communication will
be sent to the first
applicant's address)

Date of Birth:

Phone: (H) (M)
(W)

Email Address:

NOMINATED ACCOUNT NUMBERS

1. 2. 3.
4. 5. 6.

STATEMENTS

1. I hereby apply to EBS d.a.c. (EBS) to avail of **EBS Your Accounts Online**.
2. I hereby request EBS to issue me with an **EBS Your Accounts Online** Registration Number and Personal Access Code (PAC). I understand that my PAC must only be used in accordance with my Terms and Conditions booklet for EBS Your Accounts Online.
3. I understand that on receipt of my Personal Access Code (PAC), I am required to contact EBS Direct to activate my PAC.
4. I accept that I am required to download the EBS Authenticator app to my mobile device so I can be verified for Strong Customer Authentication which is a requirement for the use of **EBS Your Accounts Online**.
5. I hereby request EBS to issue me with an **EBS Your Accounts Online** one-time passcode (OTC) in order to set up my mobile device as a secure method for logging into **Your Accounts Online**. I understand that the OTC must only be known to me.
6. I have received, read, and agree to be bound by the EBS Terms and Conditions Booklet for **Your Accounts Online**.
7. I hereby designate all accounts identified above for access through **EBS Your Accounts Online**.
8. You are hereby authorised in accordance with the instructions given to you through **EBS Your Accounts Online** to provide account balance information in respect of all accounts identified above.
9. You are hereby authorised to provide, in accordance with the instructions given to you through **EBS Your Accounts Online**, any or all of the banking services for the time being listed in the **Terms & Conditions** Booklet for **Your Accounts Online** which may be accessed and availed of through **EBS Your Accounts Online**.
10. I accept that the foregoing instructions are supplemental to and do not supersede the current signing instructions given to you with regard to any of the accounts identified above.
11. For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our data protection notice in our offices and online. It may change from time to time.

EBS
10 Molesworth Street
Dublin 2
D02 R126

Telephone

0818 654 322

Facsimile

01 874 7416

Web
www.ebs.ie
Email
info@mail.ebs.ie



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DECLARATIONS

I declare that I have not made any alterations or additions to this standard form, other than the completion of the relevant sections.

Signed:

Date:

OFFICE USE ONLY

Staff Signature:

Teller:

Branch:

Customer Present:

Passbook No.:

Alpha Checked By:

Form Number:

Branch Stamp