

# COVID - 19

## TEMPORARY AUTHORITY FOR AGENT TO MAKE CASH WITHDRAWAL UP TO MAXIMUM SUM OF €1,300

This Authority is to support our Customers during the Covid-19 Crisis who are unable to attend the Bank to make withdrawals.

To: EBS d.a.c. ("the Bank")

Customer Name(s): \_\_\_\_\_

Customer Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Contact Numbers: \_\_\_\_\_

Customer Sort Code and Account Number ("Account"): \_\_\_\_\_

I/we \_\_\_\_\_ (insert name of customer(s)) authorise \_\_\_\_\_  
"the Agent" to make withdrawals from my/our Account listed above for the sum of € \_\_\_\_\_. I/we instruct the  
Bank to process the withdrawal in accordance with this Authority. I/we confirm that the Bank can rely on the signing  
instructions contained in the Account mandate to complete the withdrawal for the signing of this Authority.

I/We confirm that the Bank shall have no liability for carrying out the withdrawal authorised in this Authority.  
I/We hereby indemnify the Bank against any claims made against it or any losses incurred by it in respect of any  
actions taken by the Bank on foot of this Authority.

Signed by the Customer(s): \_\_\_\_\_

Date: \_\_\_\_\_

### Important Notes

- This Authority is to be signed by the Agent in the presence of a Bank Official in the Bank.
- This Authority can be used by the Customer(s) and the Agent on one occasion only.
- The Bank reserves its rights not to accept this Authority and prohibit the withdrawal on foot of this Authority.

- The Bank may call the Customer(s) to confirm the request.
- The Bank will only allow withdrawals to be made where there are sufficient funds in the Account.
- The Agent must bring photographic identification to the Bank in order to confirm they are the named Agent.
- Notwithstanding the above, this Authority will expire after 5 working days of the date of the Authority.
- This Authority allows for cash withdrawals on the Account only. No Account information or changes to the operation of the Account, other than the withdrawal will be provided or permitted by the Agent.

**Agent Declaration**

I am authorised by the Customer(s) to make the withdrawal in the sum of €\_\_\_\_\_ from the Account. I undertake to give this sum to the person entitled to the money (the Customer(s) and / or comply with the Customer(s) instruction in relation to the money. In the event that I do not comply with this Authority, the Bank reserves all its rights in pursuing me in respect of any claims which may be made against the Bank in respect of this Authority and matters arising out of this withdrawal.

Signed by the Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**Data Protection**

- The Bank will use and retain the information provided by the Agent for the purposes of the provision of the service and to comply with the Bank’s legal and regulatory obligations.
- 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 offices and online ([www.ebs.ie/dataprotection](http://www.ebs.ie/dataprotection)). It may change from time to time.

Office use only	Staff Number & Staff Initial
Call back made to Customer(s)	
Customer Signature verified	
Agent ID Checked & Verified	
Agent ID Type	
Agent ID reference Number	