

AIB BANK PLC
Sort Code: 23-83-96

Outward Payment Instruction for Faster Payments

1. SCHEME DETAILS

Scheme Name

Account Number

2. PAYMENT DETAILS

Date to be actioned

Amount (GBP)

Amount in Words

3. BENEFICIARY

Beneficiary Name

Beneficiary Sort Code Beneficiary Account Number

Payment Reference

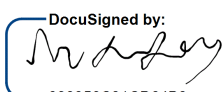
4. PURPOSE OF TRANSACTION - Description

Lindisfarne Care Home

We authorise the scheme administrator to make the payment on the date stated on this form in accordance with the following authorised account signatures.

5. TRUSTEE SIGNATURE

1st Signatory


DocuSigned by:
938956C31CD64B3...

Name

Michael Kneafsey

Date

2nd Signatory - if applicable


DocuSigned by:
E1BBF548A70C4D7...

Name

Stephen Kennedy

Date