



Saint John of God Kerry Services

Hospitality - Compassion - Respect

12

Opening a Client Bank Account Policy and Procedure

Saint John of God Kerry Services

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Policy and Procedure

1. Policy Statement
Individuals who avail of Saint John of God Kerry Services are supported to the greatest extent possible to manage their financial / property affairs. There is a general legal presumption that an individual has the mental capacity to make their own decisions. Responsibility, as far as possible, remains with the individual, and their rights must be upheld at all times.
2. Scope
This Policy and Procedure applies to all people who access services from Saint John of God Kerry Services.
3. Roles and Responsibilities
 - 3.1 The Regional Director of Services, Senior Management, Unit Heads and Co-ordinators will ensure that all staff are aware of this policy and that it is implemented in all areas of the Service.
 - 3.2 It is the responsibility of all key workers to ensure that all service users' monies will be dealt with as they wish.
4. Each service user who wishes will be supported by a Social Worker / Finance Dept to open a bank account in his or her own name.
5. In consultation with the Contact person/ family member and circle of supports, an indemnity form, see Appendix A, will be completed to enable accounts to be managed by Saint John of God Services staff as necessary.
6. Each account will have two nominated signatures and these will be included on the Indemnity form.
7. Service User Bank Account signatories will be nominated and agreed by the Services Management Team.



Appendix A
Indemnity form

To: **Governor and Company of the Bank of Ireland (“the Bank”)**

Branch: _____ Date: _____ (day) of the _____ (Month) _____ (year)

In consideration of you agreeing to open and/or continue to operate an Account(s) in the name of

_____, (Customer) in your _____ (Branch),

and accepting instructions to operate the account(s) from persons so nominated and appointed by

_____ (Company/Care Provider),

being (a) _____ (name) or (b) _____ (name),

without the express authority of the customer, the _____ (Company/Care Provider) hereby undertakes to indemnify and agrees to keep indemnified and hold harmless the Bank and all its officers or any of them, against all demands, claims, liabilities, losses, damages, costs and expenses whatsoever (including all legal and other costs, charges and expenses which the Bank and all its officers or any of them may incur or sustain in enforcing or attempting to enforce the Bank’s rights under this Indemnity) which it, they or any of them may incur, or be put to, for or by reason of any claim or demand that may be made hereafter on it, them or any of them for or on account of the said accounts being so operated as aforesaid.

Further _____ (Company/Care Provider) declares that the undersigned signatories are authorised to bind the Authority to the terms of this indemnity.

This Indemnity shall be governed by and construed in accordance with the laws of Ireland.

_____ (Company/Care Provider) hereby submits for the benefit of the Bank to the jurisdiction of the Courts of Ireland.

Authorised Signatory 1: _____ Capacity/Title: _____

Authorised Signatory 2: _____ Capacity/Title: _____

Signed in the presence of:

Signature of Witness: _____ Name of Witness: _____

Address of Witness: _____

Sample Signatures of nominated carer who will operate the account on behalf of the client

a) Name: _____ Signature: _____

b) Name: _____ Signature: _____



SIGNATURE PAGE

I have read, understand and agree to adhere to the attached Policy and Procedure:

[illegible]