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## **Outward Payment Instruction** (Faster Payment & CHAPs)

r payments limit will be s siness, tariff dependent)	
siness, tariff dependent)	CHAPs (Personal \$25.00, Rusiness tariff dependent)
undred fifty pounds	
1	
Inc	
- 7 0	Beneficiary Account Number 83373127
NV-000046	
)E	
	Secondary Applicant
	æ.
	Name
	Esther Salmon
	undred fifty pounds

Metro Bank PLC is registered in England and Wales, company number: 6419578. Registered office: One Southampton Row, London, WC1B 5HA. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. 'Metrobank' is the registered trade mark of Metro Bank PLC. 301 OF S6132 (10/18)



## Outward Payment Instruction (Faster Payment & CHAPs) (continued)

We may need to call to confirm the validity of the payme to call.	ent instruction. Please detail below the authorised signatories from the bank mandate you would like us
Full Name Esther Salmon	
Full Name	
Please note if the account is two to sign we will need to	speak with two of the authorised signatories.
FOR INTERNAL USE ONLY	
	If applicable:
ID&V confirmed (refer to ID&V Matrix)	HVT completed and attached
Request fully input to T24	Payment authorised or refered to CPU
Inputter Signature	Manager Signature
	, i
Name	Name
	· .



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## **Outward Payment Instruction** (Faster Payment & CHAPs)

Customer/ Business Name	6Bells Trust	
Debit Account Number	45213501	
2. PAYMEN	IT DETAILS	
Payment Type (A	Il payments over the faster payments limit will be sent as a CHAPs)	
Faster Payment (Personal, no fee. Business, tariff dependent)		
Payment Date	16.08.2022	
Amount £	1000	
Amount in Words	ne thousand pounds	
<b>3.</b> EXISTIN	G BENEFICIARY	
Beneficiary		
Name		
Name Metro Bank		
Name Metro Bank Beneficiary Ref.		
Name Metro Bank Beneficiary Ref. <b>4.</b> NEW BE Beneficiary	NEFICIARY	
Name Metro Bank Beneficiary Ref. <b>4.</b> NEW BE Beneficiary Name Beneficiary	NEFICIARY         Retirement Capital Inc         23 - 14 - 70         Beneficiary Account Number         83373127	
Name Metro Bank Beneficiary Ref. 4. NEW BE Beneficiary Name Beneficiary Sort Code Payment Reference	NEFICIARY         Retirement Capital Inc         23 - 14 - 70         Beneficiary Account Number         83373127	
Name Metro Bank Beneficiary Ref. <b>4.</b> NEW BE Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable)	NEFICIARY         Retirement Capital Inc         23 - 14 - 70         Beneficiary Account Number         83373127	
Name Metro Bank Beneficiary Ref. <b>4.</b> NEW BE Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable)	NEFICIARY         Retirement Capital Inc         2 3 - 1 4 - 7 0         Beneficiary Account Number         8 3 3 7 3 1 2 7         6Bells Trust INV-000045         MER SIGNATURE	
Name Metro Bank Beneficiary Ref. 4. NEW BE Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable) 5. CUSTO	NEFICIARY         Retirement Capital Inc         23 - 14 - 70       Beneficiary Account Number         83373127         6Bells Trust INV-000045	
Name Metro Bank Beneficiary Ref. 4. NEW BE Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable) 5. CUSTO	NEFICIARY         Retirement Capital Inc         23 - 14 - 70       Beneficiary Account Number         83373127         6Bells Trust INV-000045	
Name Metro Bank Beneficiary Ref. 4. NEW BE Beneficiary Name Beneficiary Sort Code Payment Reference (if applicable) 5. CUSTO Primary Applic	NEFICIARY   Retirement Capital Inc   23 - 14 - 70   Beneficiary Account Number   83373127   6Bells Trust INV-000045   MER SIGNATURE   ant   Secondary Applicant	

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## Outward Payment Instruction (Faster Payment & CHAPs) (continued)

<b>b.</b> SEC	6. SECURITY CALL BACK				
We may nee to call.	ed to call to confirm the validity of the payment instru-	uction. Please detail below the authorised signatories from the bank mandate you would like us			
Full Name	Esther Salmon				
Full Name					
Please note	if the account is two to sign we will need to speak v	vith two of the authorised signatories.			
FOR IN	NTERNAL USE ONLY				
		If applicable:			
ID&	V confirmed (refer to ID&V Matrix)	HVT completed and attached			
Req	uest fully input to T24	Payment authorised or refered to CPU			
Inputter S	Signature	Manager Signature			
		r			
5					
Name		Name			
Da		Date			



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