

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name **6Bells Trust**

Debit Account
Number **45213501**

2. PAYMENT DETAILS

Payment Type (All payments over the faster payments limit will be sent as a CHAPs)

☒ **Faster Payment** (Personal, no fee. Business, tariff dependent)

☐ **CHAPs** (Personal £25.00. Business tariff dependent)

Payment Date **16.08.2022**

Amount **£ 1350**

Amount in
Words **One thousand three hundred fifty pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☐

Beneficiary
Name **Retirement Capital Inc**

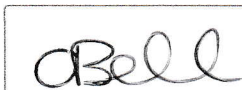
Beneficiary
Sort Code **2 3 - 1 4 - 7 0**

Beneficiary Account Number **8 3 3 7 3 1 2 7**

Payment Reference
(if applicable) **6Bells Trust INV-000046**

5. CUSTOMER SIGNATURE

Primary Applicant



Name

Anna Margaretha Bell

Date **16.08.2022**

Secondary Applicant



Name

Esther Salmon

Date **16.08.2022**

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • [MetroBank_Help](#)

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

6. SECURITY CALL BACK

We may need to call to confirm the validity of the payment instruction. Please detail below the authorised signatories from the bank mandate you would like us to call.

Full Name

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

- ☐ ID&V confirmed (refer to ID&V Matrix)
☐ Request fully input to T24

If applicable:

- ☐ HVT completed and attached
☐ Payment authorised or referred to CPU

Inputter Signature

Name

Date

Manager Signature

Name

Date

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☒ Faster Payment (Personal, no fee. Business, tariff dependent)

☐ CHAPs (Personal £25.00. Business tariff dependent)

Payment Date **16.08.2022**

Amount **£ 1000**

Amount in
Words **One thousand pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☐

Beneficiary
Name **Retirement Capital Inc**

Beneficiary
Sort Code **23 - 14 - 70**

Beneficiary Account Number **83373127**

Payment Reference
(if applicable) **6Bells Trust INV-000045**

5. CUSTOMER SIGNATURE

Primary Applicant



Name

Anna Margaretha Bell

Date **16.08.2022**

Secondary Applicant



Name

Esther Salmon

Date **16.08.2022**

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