

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

| 1. CUSTOMER DETAILS  |  |  |
|--|--|--|
| Customer/ Business Name  Debit Account Number  |  |  |
| 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  Amount  Mords |  |  |
| Beneficiary Name  Metro Bank Beneficiary Ref.  B E N   |  |  |
| 4. NEW BENEFICIARY   |  |  |
| Beneficiary Name  Beneficiary Sort Code  Payment Reference (if applicable)  Beneficiary Account Number  Beneficiary Account Number   |  |  |
| 5. CUSTOMER SIGNATURE  |  |  |
| Primary Applicant Secondary Applicant Name Name Date Date  |  |  |



Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm

Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • 

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## 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   |                                      |  |
|   | 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                    |  |
|   |                                      |  |
|   |                                      |  |
|   |                                      |  |
|   |                                      |  |
| Name  | Name                                 |  |
|   |                                      |  |
|   |                                      |  |
| Date  | Date                                 |  |