

**Outward Payment Instruction (Faster Payment & CHAPs)****1. CUSTOMER DETAILS**

Customer/
Business Name **Alexander Chapel Associates Limited SSAS Pension Scheme**

Debit Account
Number **45526704**

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 **ON RECEIPT BY METRO.**

Amount **£ 244,445**

Amount in
Words **Two hundred and forty four thousand four hundred and forty five pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☒

Beneficiary
Name

Transact Client Account

Beneficiary
Sort Code

6 0 - 0 0 - 0 1

Beneficiary Account Number

3 6 2 9 8 9 2 1

Payment Reference
(if applicable)

739-495-567 hyland

5. CUSTOMER SIGNATURE**Primary Applicant**

DocuSigned by:

Stuart Travis

2D93D7CEBC8A40F

Name

Stuart Travis

Date **18/10/2022**

Secondary Applicant

DocuSigned by:

Emily McAllister

46F72D75C9984AA

Name

Emily McAllister

Date **24/10/2022**

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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

☐ 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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