Outward Payment Instruction





Store	One So	outhampton Row													
1. Customer details															
Customer Name	Angela	Ruffell Family Pension	Account Number	1 6	2	3 4	2 0	6							
2. Pa	yment det	ails													
CHAP	r Payment (No Ps (£17.50 Fee unt To Account	Fee) Faster Payment Maximum Value = 1 CHAPs Cut Off Time = 3PM. Payments of Transfer 5 7 0 0 0		his time wi	ll be pro		46 v								
Amount in Words	Five	hundred and seventy pou	nds												
3. Be	neficiary l	nformation													
Beneficiary	Name	Pension Practitioner .Com													
Beneficiary Sort Code		2 0 7 4 6 3													
Beneficiary Number	/ Account	7 3 6 9 8 9 4	7												
Payment R (if applicab		Annual Admin	a de da estado												
4 (**)	stomer Si	na atura													
Authorised	Signature		Authorised Signa	1	3	S ER 2									

OR INTERN	AL USE C	NLY-	ID & V C	onfirme	d		(Passpor	rt or C	riving	Licer	ice Ni	ımber)	
Custo			Custome Signature		4	Tress	D						•••••	
							7							
nput By:							Authorised By:							
nput By:							Authorised By: Signature:					and the second		