

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name **ANGELA RUFFELL FAMILY PENSION**

Account Number **16234206**

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)

Date to be actioned **1 August 2017**

Amount
(GBP) **£ 1083.50**

Amount in
Words **ONE THOUSAND AND EIGHTY THREE POUNDS AND FIFTY PENCE**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☐

Beneficiary
Name **PENSION PRACTITIONER**

Beneficiary
Sort Code **20 - 45 - 45**

Beneficiary Account Number **23784606**

Payment Reference
(if applicable) **ANGELA RUFFELL**

5. 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.

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. CUSTOMER SIGNATURE

Primary Applicant




Name

STACY LUNNON

Date 1 AUGUST 2017

Secondary Applicant



Name

EMILY MAULEY

Date 1 August 2017

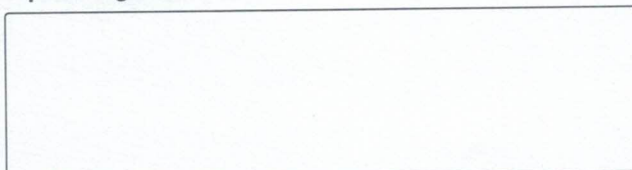
FOR INTERNAL USE ONLY

- ☐ 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

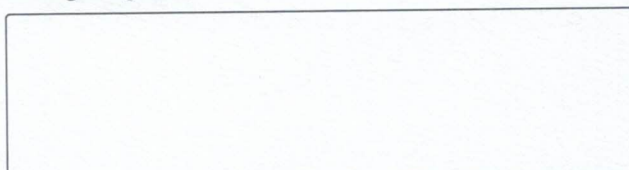
Inputter Signature



Name

Date

Manager Signature



Name

Date

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