

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

Customer/ Business Name Edwards SSAS		
Debit Account Number	45034410	
2. PAYMEN	T DETAILS	
	I payments over the faster payments limit will be sent as	
Faster Paym	ent (Personal, no fee. Business, tariff dependent)	CHAPs (Personal £25.00. Business tariff dependent)
Payment Date	03.05.23	
Amount £	600.00	
Amount in Words	Six hundred pounds	
3. EXISTING	G BENEFICIARY	
Beneficiary Name		
Metro Bank Beneficiary Ref.	BEN	
4. NEW BEI	NEFICIARY	
Beneficiary Name	TS Partners Ltd	
Beneficiary Sort Code	3 0 - 9 8 - 4 5	Beneficiary Account Number 8 1 1 9 6 4 6 0
Payment Reference (if applicable)	Inv.33665	
5. CUSTO	MER SIGNATURE	
Primary Applica	int	Secondary Applicant
2		Enset
,		Name
Name		Name
	RD EOWARDS	Emily McAlister

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)

or of the authorised signatories.
o or the duthorised signatures.
If applicable:
HVT completed and attached
Payment authorised or refered to CPU
Manager Signature
Name