

# Outward Payment Instruction (Faster Payments & CHAPs)



Store

One Southampton Row

## 1. Customer details

Customer Name

LKL Trustee Scheme - Gordon

Account Number

1 6 1 1 6 8 5 8

## 2. Payment details

Payment Type

- ☐ Faster Payment (No Fee) *Faster Payment Maximum Value = £100K. Payments of a higher value must be sent via CHAPs*
- ☒ CHAPs (£17.50 Fee) *CHAPs Cut Off Time = 3PM. Payments received after this time will be processed Next Day*
- ☐ Account To Account Transfer

Amount (GBP)

1,800.00

Date To Process

17 09 2015

Amount in Words

One Thousand Eight Hundred Pounds Only

## 3. Beneficiary Information

Beneficiary Name

Carlton James Private and Commercial

Beneficiary Sort Code

6 0 2 1 4 0

Beneficiary Account Number

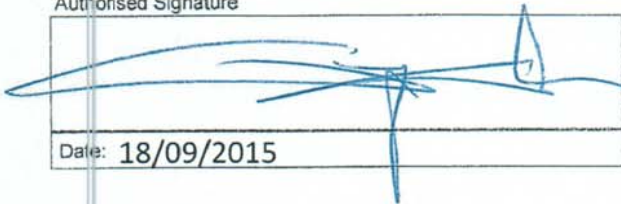
5 7 8 4 7 4 0 1

Payment Reference (if applicable)

LKL Broker Fee

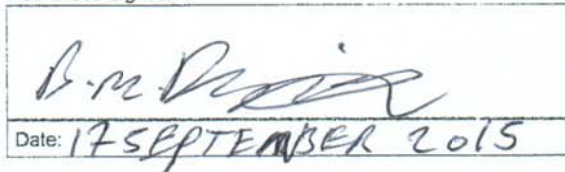
## 4. Customer Signature

Authorised Signature



Date: 18/09/2015

Authorised Signature



Date: 17 SEPTEMBER 2015

FOR INTERNAL USE ONLY - ID & V Confirmed



Customer Photo



Customer Signature



4Tress



ID

(Passport or Driving Licence Number)

Input By:

Signature:

Date:

Authorised By:

Signature:

Date:

301 OF 1.1 (05/12/11)

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Store

## 1. Customer details

Customer Name

Account Number 

1	6	1	1	6	8	5	8
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- ☐ Account To Account Transfer

Amount (GBP)

Date To Process

Amount in Words

## 3. Beneficiary Information

Beneficiary Name

Beneficiary Sort Code 

4	0	3	2	0	7
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Beneficiary Account Number 

0	1	0	5	6	8	7	5
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Payment Reference (if applicable)

## 4. Customer Signature

Authorised Signature

  
Date:

Authorised Signature

  
Date:

FOR INTERNAL USE ONLY - ID & V Confirmed

☐ Customer Photo ☐ Customer Signature ☐ 4Tress

☐ ID

Input By:   
Signature:   
Date: 

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Authorised By:   
Signature:   
Date: 

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301 OF 1.1 (05/12/11)



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



Store

**1. Customer details**

Customer Name  Account Number

**2. Payment details**

**Payment Type**

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Amount (GBP)  Date To Process

Amount in Words

**3. Beneficiary Information**

Beneficiary Name


Beneficiary Sort Code

Beneficiary Account Number

Payment Reference (if applicable)

**4. Customer Signature**

**Authorised Signature**

  
Date:

**Authorised Signature**

  
Date:

**FOR INTERNAL USE ONLY - ID & V Confirmed**

☐ Customer Photo ☐ Customer Signature ☐ 4Tress

☐ ID

Input By:   
Signature:   
Date:

Authorised By:   
Signature:   
Date: