

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name **MACPHERSON PENSION SCHEME**

Debit Account
Number **45071332**

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

Amount **£ 22,000.00**

Amount in
Words **Twenty Two Thousand Pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref. **B E N**

4. NEW BENEFICIARY ☐

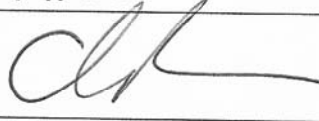
Beneficiary
Name **Andrew MacPherson**

Beneficiary
Sort Code **3 0 - 9 5 - 4 2** Beneficiary Account Number **1 3 4 1 6 2 6 0**

Payment Reference
(if applicable) **PCLS Payment**

5. CUSTOMER SIGNATURE

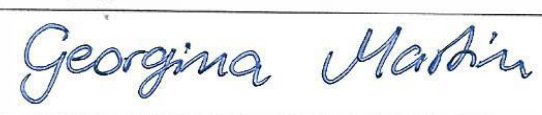
Primary Applicant



Name **Andrew Macpherson**

Date **11/08/2023**

Secondary Applicant



Name **Georgina Martin**

Date **11/08/2023**

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
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