

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 **£ 550.00**

Amount in
Words **FIVE HUNDRED FIFTY POUNDS**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☒

Beneficiary
Name **Mohammed Dudha**

Account Type ☒ Personal Account ☐ Business Account

Beneficiary
Sort Code **1 1 - 0 5 - 2 0**

Beneficiary Account Number **0 0 5 9 6 5 6 3**

Payment Reference
(if applicable) **Plumbing services**

Payment Reference

Confirmation of Payee
Outcome Understood
(internal use only)

☐

Match

☐

Close Match

☐

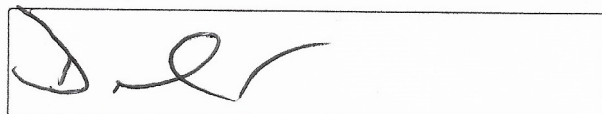
No Match

☐

Not Checked

5. CUSTOMER SIGNATURE

Primary Applicant

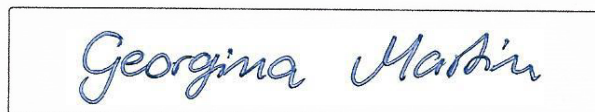


Name

DEBORAH MACPHERSON

Date **27/02/2024**

Secondary Applicant



Name

GEORGINA MARTIN

Date **27/02/2024**