## **Outward Payment Instruction**

(Faster Payments & CHAPs)



Store	One Southampton	Row
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1. Cu	ıstomer d	etails
Customer Name	Moorfi	eld Garage Ltd SSAS  Account Number 1 6 1 9 0 9 6 9
2. Pa	yment de	
CHAP	Payment (No	4 4 2 5 0 Pete Te Pressur 0 5 5 0 0
Amount in	-	00102015
Words	Four	r hundred and forty three pounds and seventy two pence
3. Be	neficiary I	Information
Beneficiary	Name	Waterfront Insurance Brokers
Beneficiary	Sort Code	5 3 6 1 0 7
Beneficiary Number	Account	6 1 3 7 2 0 9 9
Payment Re (if applicable	eference e)	Moorfield
A Cus	tomer Sig	
Authorised S	The one of the other two	Authorised Signature
Date:		Date:
FOR INTER	VAL USE ON	ILY - ID & V Confirmed
	tomer	Customer Signature 4Tress ID (Passport or Driving Licence Number)
Input By:		Authorised By:
Signature:		Signature:
Date:	D D	Date:

301 OF 1.1 (05/12/11)