

Outward Payment Instruction (Faster Payments & CHAPs)



Allied Irish Bank (GB)

V.A.M.

Registered Scheme Administrator

1. Customer details

Customer Name

Oakleaf Facilities Limited SIBA

Account Number

0 4 9 1 9 0 8 8

2. Payment details

Payment Type



Faster Payment (No Fee)



CHAPs (£25.00 Fee)



Account To Account Transfer

Amount (GBP)

1 1 1 0 6 0

Date To Process

1 9 0 3 2 0 1 9

Amount in Words

One thousand one hundred and ten pounds and sixty pence

3. Beneficiary Information

Beneficiary Name

MA & JG Rowthorn

Beneficiary Sort Code

5 3 6 1 3 3

Beneficiary Account Number

6 5 9 6 7 5 2 6

Payment Reference (if applicable)

Drawdown - J Rowthorn

4. Customer Signature

Authorised Signature

J Rowthorn

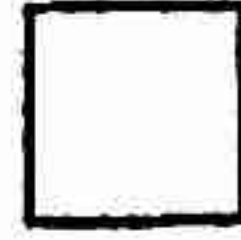
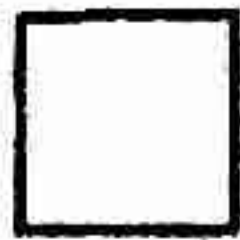
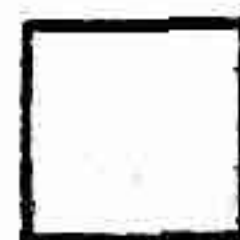
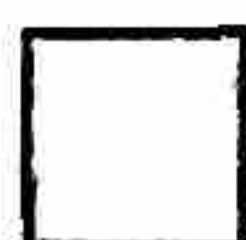
Date:

19-03-2019

Authorised Signature

Date:

FOR INTERNAL USE ONLY



Input By:

Signature:

Date:

0 0 M M Y Y Y Y

Authorised By:

Signature:

Date:

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