

Outward Payment Instruction (Faster Payments & CHAPs)



Store

One Southampton Row

1. Customer details

Customer Name

PRN Medical Transcription Pension Fund

Account Number

1 6 7 1 3 3 7 6

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 (£25.00 Fee) **CHAPs Cut Off Time = 3PM. Payments received after this time will be processed Next Day**
- ☐ Account To Account Transfer

Amount (GBP)

1 4 8 6 9 2 6 3

Date To Process

2 7 1 1 2 0 1 7

Amount in Words

one hundred and forty eight thousand six hundred and ninety two pounds and sixty three pence

3. Beneficiary Information

Beneficiary Name

Vanguard Client Money Receipts Department

Beneficiary Sort Code

4 0 0 2 5 0

Beneficiary Account Number

6 1 3 0 6 0 2 2

Payment Reference (if applicable)

0002177710

4. Customer Signature

Authorised Signature

Date: 24 / 11 / 2017

Authorised Signature

Date: 27 / 11 / 2017

FOR INTERNAL USE ONLY - ID & V Confirmed

☐ Customer Photo

☐ Customer Signature

☐ 4Tress

☐ ID

(Passport or Driving Licence Number)

Input By:

Signature:

Date:

DDMMYYYY

Authorised By:

Signature:

Date:

DDMMYYYY

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