Outward Payment Instruction

(Faster Payments & CHAPs)



| Store | One Southampton Row | | | | | | | | | | | | | | | | | |
|---|---|-----------|----------|-------|------|-------|------|--------|-------|-------------------|--------|-------|------|-------|--------|--------|-------|------|
| 1. Customer details | | | | | | | | | | | | | | | | | | |
| Customer Name PRN Medical Transcription Pension | | | | | | | | n Fu | nd | Account Number | 1 | 6 | 7 | 1 | 3 | 3 | 7 | 6 |
| 2. Pay | ment de | | | | | | | | | | | | | | | | | |
| 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 (GBF | 9) | 1 4 | 8 | 6 | 9 | 2 | 6 | 3 | Dat | e To Proces | ss 2 | 7 | 1/2 | 1 | 2 | 0 | 1 | 7 |
| Amount in Words | one h | undred | and | forty | eigh | t tho | usar | nd six | hund | dred and | ninety | ' two | poun | ds ar | nd six | ty thr | ee pe | ence |
| 3. Ben | eficiary l | nform | ation | | | | | | | | | | | | | | | |
| Beneficiary I | Vanguard Client Money Receipts Department | | | | | | | | | | | | | | | | | |
| Beneficiary S | 4 | 0 | 0 | 2 | 5 | 0 | | | | | | | | | | | | |
| Beneficiary A Number | 6 | 1 | 3 | 0 | 6 | 0 | 2 | 2 | | | | | | | | | | |
| Payment Reference (if applicable) 0002177710 | | | | | | | | | | | | | | | | | 222 | |
| 4. Cus | tomer Sig | gnatur | e | | | | 100 | | | | | | | | | | | |
| Authorised Signature | | | | | | | | | Autho | rised Signa | ature | | | | | | | |
| Dand James Fil | | | | | | | | | | | | | | | | | | |
| Date: 24/11/2017 | | | | | | | | | Date | | | | | | | | | - |
| | | | | | | | | | | | | | | | | | | |
| FOR INTERN | AL USE ON | IV - ID A | P. V. Co | nfirm | nd. | | | | | | | | | | | | | |

FOR INTERNAL USE ONLY - ID & V Confirmed

Customer Photo

Customer Signature

4Tress

ID

Authorised By:

Signature:

Date:

Date:

Date:

Date:

Date:

(Passport or Driving Licence Number)

(Passport or Driving Licence Number)

(Passport or Driving Licence Number)

Date:

D