

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 (£17.50 Fee) **CHAPs Cut Off Time = 3PM. Payments received after this time will be processed Next Day**
- ☐ Account To Account Transfer

Amount (GBP)

3 8 4 0 0 0 0 0

Date To Process

0 9 0 6 2 0 1 7

Amount in Words

Three hundred and eighty four thousand pounds.

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)

646403

4. Customer Signature

Authorised Signature

Date: 08/06/2017

Authorised Signature

Date:

FOR INTERNAL USE ONLY - ID & V Confirmed

Customer Photo



Customer Signature



4Tress



ID

(Passport or Driving Licence Number)

Input By:

Signature:

Date:

D D M M Y Y Y Y

Authorised By:

Signature:

Date:

D D M M Y Y Y Y

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