

## Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS		
Customer/ Business Name SINGLETON FAMILY SSAS		
Debit Account Number 45730719		
2. PAYMENT DETAILS		
Payment Type (All payments over the faster payments limit will be sent as a CHAPs)  Faster Payment (Personal, no fee. Business, tariff dependent)  CHAPs (Personal £25.00. Business tariff dependent)  Payment Date		
Amount £ 300		
Amount in Words Three hundred pounds		
3. EXISTING BENEFICIARY		
Beneficiary Name  Metro Bank Beneficiary Ref.		
4. NEW BENEFICIARY		
Beneficiary Name  Account Type  Personal Account  Beneficiary Sort Code  Account Type  Personal Account  Beneficiary Account Number  Beneficiary Account Number		
Payment Reference EVD Son ion Charge		
(if applicable)  Payment Reference		
Confirmation of Payee Outcome Understood (internal use only)  Match Close Match No Match Not Checked		
5. CUSTOMER SIGNATURE		
Primary Applicant	Secondary Applicant	
D. Chijer	Georgina Massin	
Paul Singleton	Georgina Martin	
Date 18/12/2024	Date 18/12/2024	
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## Outward Payment Instruction (Faster Payment & CHAPs) (continued)

6. SECURITY CALL BACK	
We may need to call to confirm the validity of the payment instructi you would like us to call.	ion. Please detail below the authorised signatories from the bank mandate
Full Name	
Full Name	
Please note if the account is two to sign we will need to speak with	two of the authorised signatories.
FOR INTERNAL USE ONLY	
	If applicable:
ID&V confirmed (refer to ID&V Matrix)	HVT completed and attached
Request fully input to T24	Payment authorised or refered to CPU
Signature varies however I have verified the customer via system held photo	
Inputter Signature	Manager Signature
Name .	Name
Notice ,	Name
Date	Date