Outward Payment Instruction

(Faster Payments & CHAPs)



| Store | One S | outl | | | | | | | | | | | | | | | | | | | | | |
|--|------------|--|-------|--------|-----|---|-----|--|----------------------|----------|-------|-------|-------|-----|--------------|-------------|---|---|----|----|--|---------------|--|
| | | | | | | | | | | | | | | | | | | | | | | | |
| Customer Name | | Accou Numb | | 1 | | 6 | 1 | | 2 | 3 | 7 | 0 | 6 | * | | | | | | | | | |
| 2 Pauman da ails | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (GBF | e) | | 3 | , 3 | 1 | 6 | . 0 | 0 | Da | te To Pr | ocess | 2 | | 8 | 0 | | 9 | 2 | 0 | 1 | 3 | - > | |
| Amount in Words | Thre | Three Thousand Three Hundred & Sixteen pounds only | | | | | | | | | | | | | | | | | | | | | |
| 3. Beneficiary (nformation | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary I | R A Holmes | | | | | | | | | | | | | | | | - | | | | | | |
| Beneficiary Sort Code | | 4 | 0 | 3 | 2 | 0 | 7 | | | | | | | | | | | , | | | *************************************** | | |
| Beneficiary Account Number | | 0 | 1 | 0 | 5 | 6 | 8 | 7 | 5 | | | | | | | | | | | | | | |
| Payment Re (if applicable | Wel | Welch IPS year 2 admin fee | | | | | | | | | | | | | | | | ţ | | | | | |
| 4. Gus | omer Si | literi. | Fr 2. | | | | | | | | | | in. | | | | | | | | | | |
| Authorised Signature | | | | | | | | Auth | Authorised Signature | | | | | | | | | | | | | | |
| SNelm | | | | | | | | And of succession of the succe | - | B-, | m | -4 | Ľ. | 3 | 2 | | | | 2 | | College Colleg | | |
| Date: 25/09/2015 | | | | | | | | | Date | :25 | 5 | Ef | 07 | E | M | B | E | R | 20 | 15 | | | |
| | | Carrier was | | | | | | | | | | | | | **Santración | | | | | | | 4 | |
| FOR INTERN | AL USE ON | LY-IT | & V 1 | Confir | med | | | | | | | | | | | | | | | | | A. Department | |
| FOR INTERNAL USE ONLY - ID & V Confirmed Customer Customer Signature 4Tress | | | | | | | | ID Pa | sspoi | t or i | Driv | ing I | Licer | nce | Nun | nber) | | | | | | | |
| Input By: | | | | | | | A | ulhorised | d By: | | | | | | | *********** | | | | | | | |
| Signature | | | | | | | Si | gnature: | | | | | | | | | | *************************************** | | | | | |
| Date: | | | | | | 1 | | | Α. | sto. | | | | - | | | T | | | | | | |

301 OF 1.1 (05/12/11)