

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name **ATB FIRE SAFETY EXECUTIVE P S**

Debit Account
Number **45203891**

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 **28/10/2022**

Amount **£ 473**

Amount in
Words **Four Hundred and Seventy Three Pounds**

3. EXISTING BENEFICIARY

Beneficiary
Name

Metro Bank
Beneficiary Ref

B E N

4. NEW BENEFICIARY ☒

Beneficiary
Name **Stratford Collins Consultants**

Beneficiary
Sort Code **3 0 - 9 1 - 1 8**

Beneficiary Account Number **0 0 4 2 2 2 0 4**

Payment Reference
(if applicable) **ATB Acc**

5. CUSTOMER SIGNATURE

Primary Applicant

Adam Burns

Name

Adam Burns

Date **07/11/2022**

Secondary Applicant

Adam Burns

Name

Adam Burns

Date **07/11/2022**

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
Local Call Centre: 0345 08 08 500 • [metrobankonline.co.uk](https://www.metrobankonline.co.uk) • [MetroBank_Help](#)

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Georgina Martin

NAME : **GEORGINA MARTIN**
DATE : **17/11/2022**