

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS		
Customer/ Business Name	De Payen SSAS	
Debit Account Number	48306950	
2. PAYMENT DETAILS		
Payment Type (All payments over the faster payments limit will be sent as a CHAPs)		
Faster Paym	ent (Personal, no fee. Business, tariff dependent) CHAPs (Personal £25.00. Business tariff dependent)	
Payment Date	17.11.2023	
Amount	20270,39	
Amount in Words Twenty thousand two hundred seventy pounds and thirty nine p		
Words		
3. EXISTING BENEFICIARY		
Beneficiary		
Name Name		
Metro Bank Beneficiary Ref. B E N		
4. NEW BENEFICIARY V		
Beneficiary Name MR SIMON DAVID PRYCE -		
Beneficiary	5 6 - 0 0 - 6 1 Beneficiary Account Number 0 0 7 2 3 6 7 3	
Sort Code Payment Reference (If applicable) LS - SP		
(if applicable)	L3 - 31	
5 CUST	OMER SIGNATURE	
Primary Applicant Secondary Applicant		
a	The state of the s	
Name	Veronica Walkman	
SIMON	IPRYCE	
Date	16.11.2023	
	Manday Friday 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm	

OPEN 7 DAYS

Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • MetroBank_Help



Outward Payment Instruction (Faster Payment & CHAPs) (continued)

6. SECURITY CALL BACK			
We may need to call to confirm the validity of the payment inst to call.	ruction. Please detail below the authorised signatories from the bank mandate you would like us		
Full Name Veronica Walkman	Veronica Walkman		
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			
TON INTERINAL GOL ONE!	If applicable:		
ID&V confirmed (refer to ID&V Matrix) Request fully input to T24	HVT completed and attached Payment authorised or refered to CPU		
Inputter Signature	Manager Signature		
Name	Name		
Date	Date		

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • ✔ MetroBank_Help