

## **Outward Payment Instruction** (Faster Payment & CHAPs)

1. CUSTOMER DETAILS		
Customer/ Business Name		
Debit Account		
Number		
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 £		
Amount in Words		
3. EXISTING BENEFICIARY		
Beneficiary Name		
Metro Bank Beneficiary Ref. BEN		
4. NEW BENEFICIARY		
Beneficiary Name		
Beneficiary Sort Code - - Beneficiary Account Number		
Payment Reference (if applicable)		
5. CUSTOMER SIGNA	TURE English	
Primary Applicant Secondary Applicant Emily McAlister		
M. T. Gelmant. A & Colmantin		
Name Name		
MICHAEL GILMARTIN ANNE. GILMARTIN		
Date $30 \cdot 10 \cdot 72$ Date $30 \cdot 10 \cdot 22$		
Monday - Friday: 8am - 8pm   Saturday: 8am - 6pm   Sunday: 11am - 5pm		
OPEN 7 DAYS Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk • 9 MetroBank_Help		

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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 instruction. Please detail below the authorised signatories from the bank mandate you would like us to call.			
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		
Inputter Signature	Manager Signature		
Name	Name		
Date	Date		



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