

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/
Business Name **MASON FAMILY PENSION SCHEME**

Debit Account
Number **45551717**

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 **£ 2,500.00**

Amount in
Words **Two thousand five hundred pounds**

3. EXISTING BENEFICIARY ☐

Beneficiary
Name

Metro Bank
Beneficiary Ref.

B E N

4. NEW BENEFICIARY ☐

Beneficiary
Name **Mrs Cathryn Mary H Mason**

Beneficiary
Sort Code **2 0 - 7 3 - 4 8**

Beneficiary Account Number **2 0 8 3 0 4 6 1**

Payment Reference
(if applicable) **Solicitor's fee reimbursement**

5. CUSTOMER SIGNATURE

Primary Applicant

Cathryn Mason

Name

Cathryn Mason

Date **21/06/2023**

Secondary Applicant

Georgina Martin

Name

Georgina Martin

Date **21/06/2023**

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
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