

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS

Customer/ Business Name	<input type="text"/>
Debit Account Number	<input type="text"/>

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	<input type="text"/>
Metro Bank Beneficiary Ref.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. NEW BENEFICIARY ☐

Beneficiary Name	<input type="text"/>		
Account Type	<input type="checkbox"/> Personal Account	<input type="checkbox"/> Business Account	
Beneficiary Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Beneficiary Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Payment Reference (if applicable)	<input type="text"/>		
Payment Reference	<input type="text"/>		
Confirmation of Payee Outcome Understood (internal use only)	<input type="checkbox"/> Match	<input type="checkbox"/> Close Match	<input type="checkbox"/> No Match <input type="checkbox"/> Not Checked

5. CUSTOMER SIGNATURE

Primary Applicant

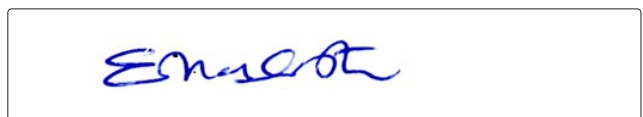


Name

P T Dolan

Date 18.07.24

Secondary Applicant



Name

E mily McAlister

Date 18.07.24

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

- ☐ ID&V confirmed (refer to ID&V Matrix)
- ☐ Request fully input to T24
- ☐ Signature varies however I have verified the customer via system held photo

Inputter Signature

Name

Date

If applicable:

- ☐ HVT completed and attached
- ☐ Payment authorised or referred to CPU

Manager Signature

Name

Date