## **Outward Payment Instruction**

(Faster Payments & CHAPs)



Carrier Control	0	O 11	_
ore	One	Southampton	ROW
	0110	Countillipion	ICOVV

1. Customer detail	s						
Customer SPM SSA	S	Account Number	1 8 2	2 8 5	4 4 4		
2. Payment details							
Payment Type    Faster Payment (No Fee)   Faster Payment Maximum Value = £100K. Payments of a higher value must be sent via CHAPs   CHAPs (£17.50 Fee)   CHAPs Cut Off Time = 3PM. Payments received after this time will be processed Next Day   Account To Account Transfer							
Amount (GBP)	1 0 0 0 0 0	Date To Process	0 1	0 6 2	2 0 1 6		
Amount in Words One thousand pounds							
3. Beneficiary Info	rmation						
Beneficiary Name  Beneficiary Sort Code  Beneficiary Account Number  M		1					
Payment Reference (if applicable) Two Months Pension Payment							
4. Customer Signat  Authorised Signature	ture	Authorised Signa	ture				
MLB	ockla	B-M-)		· H	_		
Date:	6/16	Date: 07	SUNE	2016			

FOR INTERNAL USE ONLY - ID & V Confirm	ned	(Passport or Drivi	ng Licence Num	ber)
Customer Photo Customer Signature	4Tress	ID		
Input By:		Authorised By:		
Signature		Signature:		
Date:		Date:		