

Outward Payment Instruction (Faster Payment & CHAPs)

| 1.CUSTOM | ERDETAILS | |
|---|---|--|
| Customer/ Business Name | SPM SSAS | |
| Debit Account Number | 46029577 | |
| 2. PAYMEN | TDETAILS | |
| | payments over the faster payments limit will be ser ent (Personal, no fee. Business, tariff dependent) | nt as a CHAPs) CHAPs (Personal £25.00. Business tariff dependent) |
| Payment Date | | |
| Amount £5 | 00,000.00 | |
| Amount in Words | inety thousand pounds | |
| Beneficiary Name Metro Bank Beneficiary Ref. | B E N | |
| 4. NEWBEN | EFICIARY | |
| Beneficiary Name | J B and Y Atherton | |
| Beneficiary Sort Code | 0 1 0 5 - 6 3 | Beneficiary Account 1 4 6 0 1 5 6 7 |
| Payment Reference (if applicable) | Invoice No. 02592 | |
| 5.CUSTON | IERSIGNATURE | |
| Primary Applica | nt | Secondary Applicant |
| 13 | unler | Ensor |
| Name | BUCKLET. | Name Emily McAlister |
| Date | 10.01.23 | Date 10.01.23 |

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
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 to call. | t instruction. Please detail below the authorised signatories from the bank mandate you would like us |
| Full Name | |
| Full Name | |
| Please note if the account is two to sign we will need to sp | peak with two of the authorised signatories. |
| FORINTERNALUSEONLY | |
| FORINTERNALUSEONLY | |
| ID&V confirmed (refer to ID&V Matrix) Request fully input to T24 | If HVT completed and attached Payment authorised or refered to |
| Inputter Signature | Manager Signature |
| | |
| | |
| | |
| Name | Name |
| | |
| Date | Date |