

## Outward Payment Instruction (Faster Payment & CHAPs)

### 1. CUSTOMER DETAILS

Customer/ Business Name	<input type="text"/>
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)

Date to be actioned

Amount (GBP) £

Amount in Words

### 3. EXISTING BENEFICIARY ☐

Beneficiary Name	<input type="text"/>
Metro Bank Beneficiary Ref.	<input type="text" value="B"/> <input type="text" value="E"/> <input type="text" value="N"/> <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"/>		
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"/>
Payment Reference (if applicable)	<input type="text"/>		

### 5. 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.

**OPEN 7 DAYS**

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm  
Local Call Centre: 0345 08 08 500 • [metrobankonline.co.uk](https://metrobankonline.co.uk) • [MetroBank\\_Help](https://twitter.com/MetroBank_Help)

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

### 6. CUSTOMER SIGNATURE

#### Primary Applicant

Name

Date

#### Secondary Applicant

Name

Date

### FOR INTERNAL USE ONLY

- ☐ ID&V confirmed (refer to ID&V Matrix)  
☐ Request fully input to T24

If applicable:

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

#### Inputter Signature

Name

Date

#### Manager Signature

Name

Date

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