

Outward Payment Instruction (Faster Payment & CHAPs)

1. CUSTOMER DETAILS			
Customer/ Business Name	Singleton Family SSAS		
Debit Account Number	45730719		
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	ent (reisonal, no lee, busiless, taini dependent)	OTAL 3 (Letsonal 223.00. Busiless talin dependent)	
Amount £	1,440.00		
Words	ne Thousand Four Hundred For	ty Pounds	
3. EXISTING BENEFICIARY			
Beneficiary			
Name Metro Bank	BEN		
Beneficiary Ref.			
4. NEW BENEFICIARY 🗸			
Beneficiary Name	HMRC VAT		
Beneficiary Sort Code	08-32-00	Beneficiary Account Number 1 1 9 6 3 1 5 5	
Payment Reference (if applicable) 431697678			
5. CUSTOMER SIGNATURE			
Primary Applica	ant	Secondary Applicant	
	Jipan	Georgina Markin	
Name Name			
Paul Singleton		Georgina Martin	
Date 2	1/09/2023	Date 21/09/2023	

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
Local Call Centre: 0345 08 08 500 • metrobankonline.co.uk •

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

6. SECURITY CALL BACK	
We may need to call to confirm the validity of to call.	he payment 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 wi	Il 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	If applicable: HVT completed and attached Payment authorised or refered to CPU
Inputter Signature	Manager Signature
Name	Name
Date	Date

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