

## Outward Payment Instruction (Faster Payment & CHAPs)

### 1. CUSTOMER DETAILS

Customer/  
Business Name **THE STRATAGEM FP SSAS**

Debit Account  
Number **46424182**

### 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 **£ 160**

Amount in  
Words **One Hundred Sixty Pounds**

### 3. EXISTING BENEFICIARY ☐

Beneficiary  
Name

Metro Bank  
Beneficiary Ref.

**B E N**

### 4. NEW BENEFICIARY ☒

Beneficiary  
Name **Mr George Allan**


Beneficiary  
Sort Code **04 - 00 - 04**

Beneficiary Account Number **60340753**

Payment Reference  
(if applicable) **INV 7509**

### 5. CUSTOMER SIGNATURE

#### Primary Applicant



Name

**David Shirley**

Date **27/04/2023**

#### Secondary Applicant




Name

**Georgina Martin**

Date **27/04/2023**

**OPEN 7 DAYS**

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm

Local Call Centre: 0345 08 08 500 • [metrobankonline.co.uk](https://www.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 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

If applicable:

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

#### Inputter Signature

Name

Date

#### Manager Signature

Name

Date

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