

International Payment Instruction

1. CUSTOMER DETAILS

Customer/ Business Name	<input type="text"/>		
Debit Account Number	<input type="text"/>	Date to be sent	<input type="text"/>

2. BENEFICIARY DETAILS

Beneficiary Name	<input type="text"/>	Beneficiary Address	<input type="text"/>
Beneficiary Account Number or IBAN*	<input type="text"/>		
*IBAN is required for ALL Euro payments			
Payment Reference	<input type="text"/>		
Beneficiary Bank Name and address	<input type="text"/>		
SWIFT code or ABA Routing Number	<input type="text"/>		

3. PAYMENT DETAILS Please complete either section a or b

SECTION A I want to debit my account with:

Amount in figures	<input type="text"/>
Amount in words	<input type="text"/>
Currency	<input type="text"/>

SECTION B I want the beneficiary to receive:

Amount in figures	<input type="text"/>
Amount in words	<input type="text"/>
Currency	<input type="text"/>

We will automatically convert this payment to the local currency when we send the payment.
If you would like to send this payment in a specific currency please state currency to be sent in:

4. CHARGES

For payments made inside the EEA all charges will be shared, if your payment is outside the EEA would you like to:

Share the charges	<input type="checkbox"/>	I/We pay all charges	<input type="checkbox"/>	Beneficiary pay all charges	<input type="checkbox"/>
<input type="checkbox"/>	I/We would like the charges debited from a separate account. Please charge: <input type="text"/>				

5. SIGNATURE

Please note: All international payment in currencies other than GBP/EUR/USD are at a reference rate on the day and are therefore subject to change accordingly.

Primary Applicant:	<input type="text"/>	Secondary Applicant:	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

OPEN 7 DAYS

Monday - Friday: 8am - 8pm • Saturday: 8am - 6pm • Sunday: 11am - 5pm
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International Payment Instruction *(continued)*

6. INTERMEDIARY BANK DETAILS - (Sometimes required if funds sent to small Financial Institution)

Intermediary Bank
Name and Address

Intermediary Bank
SWIFT Code or
ABA Routing Number

7. 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.

8. FOR INTERNAL USE ONLY

☐ ID&V confirmed (refer to ID&V Matrix)

If applicable:

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

Staff Signature

Manager Signature

Name

Name

Date

Date

Date received

Exchange Rate

Time received

GBP Equivalent

Charges

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