

Outward Payment Instruction (Faster Payment & CHAPs)

Customers Name Debit Account Number 45255654 2. PAYMENTDETAILS Payment Type (All payments over the faster payments limit will be sent as a CHAPs) Faster Payment (Personal, no fee. Business, tariff dependent) Payment Date	1. CUSTOME	ERDETAILS			
2. PAYMENT DETAILS Payment Type (All payments over the faster payments limit will be sent as a CHAPe) V Faster Payment (Personal, no fee. Business, tariff dependent)		Whitecliff Pension Scheme			
Payment Type (All payments over the faster payments limit will be sent as a CHAPs) V Faster Payment (Personal, no fee, Business, tariff dependent) CHAPs (Personal £25.00, Business tariff dependent) Payment Date 24.11.23 Amount £475.97 Amount in Words Four hundred and seventy five and ninety seven pence		45255654			
Payment Date 24.11.23 Amount £475.97 Amount in Four hundred and seventy five and ninety seven pence 3. EXISTING BENEFICIARY Beneficiary Name Metro Bank Beneficiary Name Drax Energy Solutions Limited Beneficiary Name Beneficiary Name Sort Code 2 0 0 0 - 0 0 Beneficiary Account 6 3 5 2 1 5 7 5 Payment Reference (if applicable) 5. CUSTOMER SIGNATURE Primary Applicant Secondary Applicant Secondary Applicant Secondary Applicant Emily McAlister Emily McAlister	2. PAYMENT	r DETAILS	Sign Bold (1806 Bill College Process of College		
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Name Name Marko RadosavLjevic Emily McAlister	Timory Approved				
Marko RadosavLjevic Emily McAlister	Gelt				
The party service	Name				
23/11/2012 Date 28 11 23	Marko RadosavLjevic Emily McAlister				
Date 2011.20	Date	Date 28.11.23			

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 instruto call.	uction. 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 speak w	with two of the authorised signatories.
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
,	5
Name	Name
Date	Date