

International Payment Instruction

1. CUSTOMER DETAILS

Customer/Business Name	<input type="text"/>
Account Number	<input type="text"/>

2. PAYMENT DETAILS

Date to be actioned	<input type="text"/>	Amount in figures	<input type="text"/>	Currency (to be sent in)	<input type="text"/>
Amount in words	<input type="text"/>				
Would you like to fix the amount. Please tick one.					
<input type="checkbox"/> Debited from your account	<input type="checkbox"/> Received by the beneficiary				

3. 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"/>

4. BENEFICIARY BANK DETAILS

Beneficiary Bank Name	<input type="text"/>
Beneficiary Bank Address	<input type="text"/>
Beneficiary Bank SWIFT Code or ABA Routing Number	<input type="text"/>

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

Intermediary Bank Name	<input type="text"/>
Intermediary Bank Address	<input type="text"/>
Intermediary Bank SWIFT Code or ABA Routing Number	<input type="text"/>

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](#)

International Payment Instruction *(continued)*

6. CHARGES

☐ I/We pay Metro Bank charges only ☐ Beneficiary to pay all charges ☐ I/We pay all charges

☐ I/We would like the charges debited from a separate account. Please charge the following account:

7. REASON FOR PAYMENT

8. 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.

9. CUSTOMER SIGNATURE

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

Primary Applicant:

Secondary Applicant:

Name

Name

Date

Date

FOR INTERNAL USE ONLY

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

Staff Signature

Name

Date

If applicable:

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

Manager Signature

Name

Date

Date received

Time received

Exchange Rate

GBP Equivalent

Charges

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