

Please note – when filling out this form please use the tab key to move between the relevant fields. Ensure you do **not** use the return or enter keys.

1. Repetitive payment reference number (if applicable) and date payment to be made

Repetitive payment reference number Date payment to be made

2. Customer details

Sort code* Account number*
 Customer name
 Branch name

*CHAPS Payments can only be made from a NatWest Sterling account.

3. Please debit my/our account

Amount
 Amount in words

4. Beneficiary details – person or organisation to be paid

You must ensure the correct account number is used here to avoid the RISK TO YOU of payment loss or further charges.

If any details are not known, please consult the beneficiary who should provide this information **before** the instruction is provided.

Beneficiary's name
 Beneficiary's sort code Beneficiary's account number
 Beneficiary's bank name
 Branch name
 Details for beneficiary

5. Instructions to the Beneficiary's bank - if applicable

6. Statement reference

Details you wish to appear on your bank statement

7. Charge(s)

I/We pay NatWest charges only

Unless you have a pre-arranged agreement to the contrary, the payment amount and charge will be debited to the account detailed in Section 2.

8. Authorisation - signed in accordance with the Bank Account Mandate.

I/We have read and agree to be bound by the Terms and Conditions and consent to the use of my/our personal data for the purpose of carrying out this instruction.

I/We acknowledge that in order to make this payment my/our personal information such as my/our name and addresses may be transmitted with the payment.

Customer signature(s)

Codeword number (if used)

Date

For Retail Branch use only – Please select one of the five exceptions									
1) Two or more signatures required <input type="checkbox"/> 2) Customer had no Chip & Pin / Sig card <input type="checkbox"/> 3) Lost / Stolen Card <input type="checkbox"/> 4) Customer Not Present <input type="checkbox"/> 5) Commercial/Corp – No Checks Completed <input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Known customer checks completed</td> <td style="width: 50%;"><input type="checkbox"/> CES note completed <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> LPP Required</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Staff Signature</td> <td>ISV No. <input type="text"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sort Code of sending branch <input type="text"/></td> </tr> </table>	<input type="checkbox"/> Known customer checks completed	<input type="checkbox"/> CES note completed <input type="checkbox"/>	<input type="checkbox"/> LPP Required	<input type="checkbox"/>	<input type="checkbox"/> Staff Signature	ISV No. <input type="text"/>	<input type="checkbox"/>	Sort Code of sending branch <input type="text"/>
<input type="checkbox"/> Known customer checks completed	<input type="checkbox"/> CES note completed <input type="checkbox"/>								
<input type="checkbox"/> LPP Required	<input type="checkbox"/>								
<input type="checkbox"/> Staff Signature	ISV No. <input type="text"/>								
<input type="checkbox"/>	Sort Code of sending branch <input type="text"/>								