

Same Day Payment Request Form

This form can be completed electronically then saved and printed. If completing manually, please complete in black ink and BLOCK CAPITALS. If you need any help completing this form, please call us on 01257 235003 or visit your local branch.

Customer Authority • Before you go ahead, we want to make sure that you're not being scammed. Fraudsters can be very convincing - they may pretend to be us, the police or another trusted organisation before trying to steal your money. • If you have any doubts or are being put under pressure to make this payment, please stop and let us know - we're here to help. • Take 5 To Stop Fraud. Take Five - To Stop Fraud | To Stop Fraud (takefive-stopfraud.org.uk) Take a look at these questions before sending any money. Please provide a response in each box when you have read the information Are you being told what to say to us? No Are you being rushed or pressured into making this payment? Are you happy that you know who this payment is going to? **Chorley Building Society Details Account Name** Account Number Address Contact Number To comply with Anti Money Laundering obligations, full details of the account holder must be provided with any payment. Beneficiary's Details Payments can only be made to a nominated account in the account holder's name. Payments to 3rd parties are not permitted unless the payment is to a Solicitors for completion of a house purchase or probate. These details will be included when the payment is sent. In the event of missing information we are obliged to provide your details to the beneficiaries Bank or Building Society. Account Name **Account Number** Sort Code Bank/Building Society Name Reference/Roll Number Reason for Payment A CHAPS fee of £25.00 will apply. This cannot be deducted from the amount to be transferred.

Transaction Details		
If incorrect details are provided, the Society cannot be held responsible for any delay, loss or refund		
Amount £	Amount in words	
	L	
If this form is completed in advance of a transfer please detail the date to process the transaction		
Processing Date DD MM YYYY		
This payment will be made by CHAPS. For full CHAPS details please refer to the Society's Terms & Conditions. Terms & Conditions explain your rights and responsibilities, and our rights and responsibilities, in respect of the use of the CHAPS service.		
Customer Authority		
I have read and understood the 'Take Five to Stop Fraud' information on this form		
I understand that once the payment has left my account that this cannot be amended or recalled.		
Signature:		Date: D D M M Y Y Y Y
Requests received after 3pm will be processed the next working day (or the next working day after that if this falls on a Saturday, Sunday or Bank Holiday.		
Please check your details carefully. Your instruction is subject to our standard checks.		
Your Personal Information and what we do with it		
We are a data controller of your personal information. The way that we process your personal information is described in our Privacy Notice. The information is		
available on our website www.chorleybs.co.uk/privacy		
FOR INTERNAL USE ONLY		
Request taken by		Added to whiteboard by
Postal/Branch		Copy given to member
Time Request Received		Telephone Call Completed

Identification Seen

(date & time)