

## Request for Commercial Online Banking Payment Limits

### 1. CUSTOMER DETAILS

Name of your Business / Organisation  

Account Number

Date

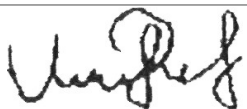
### 2. LIMIT REQUEST/AMENDMENTS

|  | Per Transaction Limit                  | Total Daily Limit                        |
|--|--|--|
| Account to Account Transfer  | <input type="text" value="£ 250,000"/> | <input type="text" value="£ 250,000"/>   |
| Faster Payments<br>(max. Per Transaction Limit = £250k)                          | <input type="text" value="£ 250,000"/> | <input type="text" value="£ 250,000"/>   |
| BACS (subject to approval, please speak to your Relationship Manager)            | <input type="text" value="£"/>         | <input type="text" value="£"/>           |
| CHAPS  | <input type="text" value="£ 250,000"/> | <input type="text" value="£ 250,000"/>   |
| International Payments   | <input type="text" value="£ 250,000"/> | <input type="text" value="£ 250,000"/>   |
| Bulk Payments  | <input type="text" value="£ 250,000"/> | <input type="text" value="£ 250,000"/>   |
| Aggregate Daily Exposure Across All Payment Channels (Sum of Total Daily Limits) |  | <input type="text" value="£ 1,250,000"/> |

### 3. AUTHORISATION

- Please ensure you have read and understood the Commercial Online Banking terms prior to completing this form. Any payment instructions will be dealt with in accordance with those terms.
- Please note that completion of this form will represent a formal request to Metro Bank PLC to apply the above limits to the Commercial Online Banking service.
- Any changes to these limits will require a new form to be completed and submitted. BACs limits are subject to credit approval by Metro Bank.
- The below Authorisation must be signed by an Authorised Signatory(s) in accordance with the applicable Application and Bank Mandate form completed by the Business/Organisation at Account Opening.
- Requests are subject to review and approval by Metro Bank PLC. Confirmation of limits will be provided via email.

#### Authorised Signature



Date

Name

#### Authorised Signature



Date

Name

FOR INTERNAL USE ONLY

**Requested by:**  
(Commercial/LBM team )

**Signature**

Date

Name

**Approved by:**

**Signature**

Date

Name

**Input by:**  
(Corporate Customer Service Centre)

**Signature**

Date

Name

**Approved by:**

**Signature**

Date

Name