

PAYMENT ORDER FROM INTERNAL PAYMENT ACCOUNT (IPA)

PLEASE FILL OUT THE FORM IN BLOCK CAPITALS

IPA number:	
Payer (owner of the IPA):	
Amount / Currency:	
Amount in words:	
Beneficiary's account number (IBAN - obligatory in the EU):	
Beneficiary's name, address (street, city, country):	
Beneficiary's bank, address (name, city, country):	
SWIFT (BIC) / codes:	
Correspondent bank (optional):	
Payment title:	
Detail of payment (e.g. invoice, number of contract):	

FEES

- SHA – Shared transaction fees for other payments
- OUR – The originator will bear all of the payment transaction fees
- BEN – The beneficiary will incur all of the payment transaction fees

 After sending your Payment order you will receive a confirmation through your email. In case we do not contact you within a day, we have probably not received your Payment order.

Date: _____

Signature: _____