

BILL PAYMENT SLIP

Remark: Please fill the information to complete in two parts and keep this document as evidence.

(For Student Use Only)

Soi Phaholyothin 45 Dormitory, Kasetsart University Bangkok Branch)

★ Please ask the payer for the fees



Bank of Ayudhaya Public Company Limited (Krungsri)

Account Name: Soi Phaholyothin 45 Dormitory, Kasetsart University (Bangkhen Branch) Branch.....Date.....

Account Number: 374 - 0- 00797 - 2

Required Transfer Amount

- Room Rate (.....)
- Utility (.....)
- Etc. (Please specify).....

Cash Only

SERVICE CODE : ATM	
Name:.....	
Student No:	
Room No:	
Academic Year:	

Cash Amount in Words	Cash Amount
Deposit by.....	Official for bank
Telephone No.....	Payer.....

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Remark: Please specify name and surname to correctly.