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 Bangkhen Branch)

★ Please ask the payer for the fees



Bank of Ayudhaya Public Company Limited (Krungsri)

Account Name: Soi Phaholyothin 45 Dormi			
Account Number: 374 - 0- 00797 - 2			SERVICE CODE: ATM
Required Transfer Amount			
▼ Room Rate ()		Name:	
☐ Utility ()			
Etc. (Please specify)		Room No:	
Cash Only		Academic Year:	
Cash Amount in Words		Cash Amount	
Deposit by			Official for bank
Telephone No		Payer	
	** Please keep this doc	ument as evider	1Ce**
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Remark: Please specify name and surname to correctly.