

Payment Verification Request

Complete this form in your computer, print it out, sign, scan and e-mail back to payments@ePay24.eu

The Client

Name and surname / Client's name:

Number of General Agreement:

Specific requests:

We require verification of our payment:

Date:

Amount:

Paid into account no:

Currency:

Bank:

Recipient of payment:

I agree that this service will be charged according to the current price list.

In _____, date:

Client's signature