

AUTOMATIC UTILITY BILL PAYMENT APPLICATION FORM
OTOMATİK FATURA ÖDEMELERİ BAŞVURU FORMU

Name – Surname/ Adı-Soyadı Unvanı:.....

Address/Adres:

.....

Zip Code/Posta Kodu:

City/Şehir:

Telephone(home)/Telefon(ev):

Telephone(business)/Telefon(iş):

PAYMENT OPTIONS/ÖDEME SEÇENEKLERİ

Institution Name Firma Adı	Subscription No Tesisat/Abone Numarası	Automatic Interaccount Transfer Otomatik Virman	Garanti 24 Alo Garanti	One Invoice Limit * Tek fatura limiti	Last Bill No** Son fatura numarası
1					
2					
3					
4					
5					
6					

Account No/Hesap no:

Customer Signature/Müşteri İmzası

Date/Tarih

.....

.....

This part will be filled by the Branch

Date of entrance to the system:

Name – Surname:

.....

Branch Stamp

Signature :

* Fill in if automatic interaccount transfer option is chosen.

Please specify the maximum bill amount to be paid.

If the bill amount is higher than One Bill Limit, your bill cannot be paid.

If you want your bill to be paid in every condition, please fill the appropriate box as "limitless"

** Fill in only for IGDAŞ.