

DOMESTIC PAYMENT ORDER

TO : VAKIFBANK NEW YORK

Please make the following payment

Debit Our account No. ▶	▶ USD	VALUE DATE ▶
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BANK INFORMATION

▶ BENEFICIARY BANK NAME: _____
▶ CITY/STATE: _____
▶ ABA NUMBER (9 digits number): _____

BENEFICIARY INFORMATION

▶ BENEFICIARY ACCOUNT NO: _____
▶ BENEFICIARY NAME: _____
▶ DETAILS: _____

▶ (CUSTOMER) Name **Signature**

(BANK) Preparer **Authorized signature**

FOR REPETITIVE TRANSFERS PLEASE MARK THE SELECTION BELOW

PAYMENT DATE	WEEKLY	MONTHLY	QUARTERLY
NUMBER OF PAYMENT**		UNLIMITED **	

**** ANY CHANGE ABOUT PAYMENT SCHEDULE PLEASE SEND YOUR WRITTEN INSTRUCTION**