SONALI BANK LIMITED
Your trusted partner in innovative banking

SONALI BANK LIMITED
CREDIT CARD PAYMENT SLIP

VISA

....Branch

Card No (16 Digit) | | | | | | Date | d d m m y y y y

Customer Name | | **Cell No.** |

PAYMENT PARTICULARS

Payment for Local Currency				Payment for Foreign Currency				
Payment Through	Taka	Paisa		Payment Through	USD	Rate	Taka	Paisa
Cash/Cheque*/Debit Instruction**				Cash/Cheque*/Debit Instruction**				
Total				Total				
In Words:				In Words:				

Cheque Details*

Bank Name		Branch Name	
Cheque No		Value Dated	

Please Debit my account no.**
(Only Sonali Bank A/C Number) | | | | | | | | | | Branch Name |

_____   _____   _____
Customer's Signature   Authorized Signature   Authorized Signature

- ♦ Please write clearly Customer Name, Card No. and Cell No.
- ♦ Please deposit the Cheque at least one week earlier from the payment due date.
- ♦ Please deposit cash 1/3 day(s) earlier from the payment due date for inside/outside Dhaka City respectively.