Merchant Standing Order Payment Report

Number OF Transactions: 2
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 214517
Date/Time: 2021/03/19 04:02
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/03/18	25 March 44	17:04	2543743	465946	SuperAdmin	Admin	2.00	0.20	0.01	1.79
		17:48	2544314	365482	SuperAdmin	Admin	17.60	1.76	0.11	15.73
		Total/Branch					19.60	1.96	0.12	17.52
	Total/Date						19.60	1.96	0.12	17.52
Total							19.60	1.96	0.12	17.52

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