Merchant Standing Order Payment Report

Number OF Transactions: 1
Beneficiary Name: STAROYLA DAMIANOY
Beneficiary IBAN: CY09005003680003681087560101
Payment Mode: Bank Transfer
Commission Value: 10.00
Reference Number: SO - 503333
Date/Time: 2021/09/29 03:08
Beneficiary Bank Name: HELLENIC BANK PUBLIC COMPANY LTD

Date	Branch	Time	TranID	Order ID	Merchant User Type	Merchant User	Amount	Commission	Fee	Net Amount
2021/09/28	25 March 44	09:50	5136443	845649	SuperAdmin	Admin	5.60	0.56	0.04	5.00
		Total/Branch					5.60	0.56	0.04	5.00
	Total/Date						5.60	0.56	0.04	5.00
Total							5.60	0.56	0.04	5.00

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