Authorisation

To be filled in by you	
Name	
Initials	
Address	
Postcode and town/city	
Country	
Date of birth	
Citi and a state of the state o	
Citizen service number	
E-mail address	
E-mail address	
Start date work	
Start date work	
Number of persons	
Number of persons	
IBAN Account number	
Copy Bankcard	Send along a copy of the bankcard

By signing this form, you authorise the Municipality of Groningen to send direct debit instructions to your bank to debit amounts from your account for the purpose of

and you authorise your bank to debit amounts from your account in accordance with the Municipality of Groningen's instructions. If you disagree with this debit, you can have it reversed. To arrange this, please contact your bank within eight weeks after the debit has taken place. Ask your bank about the terms and conditions.

Date	Signature	
To be filled in by the municipa	ality	
Name		
Address		
Postcode and town/city		
Country		
Payee ID		
Authorisation reference		
Debtor number		
Receivable type		