



Authorisation

To be filled in by you

Name _____

Address _____

Postcode and town/city _____

Country _____

IBAN Account number _____

E-mail address _____

Copy Bankcard _____

Start Date _____

Number of person _____

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 municipality

Name _____

Address _____

Postcode and town/city _____

Country _____

Payee ID _____

Authorisation reference _____

Debtor number _____

Receivable type _____