

Authorisation

To be filled in by you

Name _____
Address _____
Postcode and town/city _____
Country _____
IBAN Account number _____
Bank identification (BIC)* _____

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

* outside the EU only

To be filled in by the municipality

Name _____
Address _____
Postcode and town/city _____
Country _____
Payee ID _____
Authorisation reference _____
Debtor number _____
Receivable type _____