

SEPA Direct Debit Mandate CORE



Please complete all the fields marked *

Mandate reference * – To be completed by the Creditor (*max. 35 Characters*)

- **BEDER Membership**.....

By signing this mandate form, you authorise (A) BEDER to send instructions to your bank (B) to direct debit your account in accordance with the instructions from BEDER

As parts of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Account Holder

Your name* (*max.70 Characters*)

.....

Street name and number*

.....

Postal Code*

City*

.....

Country*

.....

Your account number*

IBAN [.....]

BIC [.....]

Name of Creditor

Name of Creditor* (*max. 70 Characters*)

Association belge pour le droit de l'Union européenne ASBL.....

Creditor identifier * (*max. 35 Characters*)

BE26ZZZ1009358739.....

Street name and number*

Rue du Marteau 71, box 5.....

Postal Code*

City*

1000..... Brussels.....

Country*

Belgium.....

Type of payment*

Recurrent payment

One-off payment

Details regarding the underlying relationship between the Creditor and the Debtor (for information purposes only) *

.....

City*

.....

Date *

__ - __ - __

Signature(s)*