

DIRECT DEBIT FORM

Direct debit form (SEPA) authorization

Name and Surname (bank account holder)

ID Number

Address

Postal Code

Town

IBAN

BANK ACCOUNT NUMBER *

If you want to use a different bank account number for the *dining service*, please fill in the boxes below:

IBAN *

BANK ACCOUNT NUMBER *

I authorize Grupo Creanova Concept S.L (B67003343) and Col·legi CreaNova Sant Cugat del Vallès SL (B67051839) to direct debit the receipts of Col·legi Creanova:

PERIODIC PAYMENT LUMP SUM PAYMENT

of the amounts established by contract for the provision of educational services.

Date

Place

Bank account holder signature