

Mandate for recurring debit.

SEPA

€

Monthly (end of month) Quarterly (end of Jan, April, July, Oct)

Name :

Address :

Postcode : City:

Country :

Email : Phone number

IBAN

BIC *

Date :

* Not needed for NL IBAN

Signature :

Tear this section off

Name: European English Aglow

Address: Beethovenlaan 44

Postcode: 2264 VG

City: Leidschendam

Country: The Netherlands

Creditor ID: NL 83 ZZZ 5570 2031 0000



By signing this mandate form you authorise the European English Aglow to send a regular collection instruction to your bank to debit your account and you authorise your bank to debit your account in accordance with the instructions from the European English Aglow. As part 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 8 weeks starting from the date on which your account was debited. Ask your bank for the conditions.