

SEPA

Direct Debit mandate

www.unquendor.nl

Name: **Tolkien Genootschap Unquendor**
Address: **Kwikstaartlaan 35**
Zip code: **2261 EN** Town: **LEIDSCHENDAM**
Country: **the Netherlands** Creditor Identifier: **NL48ZZ404468140000**
Reference: _____ (To be filled in by Unquendor)
Type of payment: **Recurrent**
Reason for payment: **Annual membership fee**

By signing this mandate form you authorise (A) Tolkien Genootschap Unquendor to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Tolkien Genootschap Unquendor.

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 within eight weeks starting from the date on which your account was debited.

Please complete all the fields marked *.

Name:* _____
Address:* _____
Zip code:* _____ Town: _____
E-mail address:* _____ (*) Country: _____
IBAN-code:* _____
BIC-code:* _____
Place and Date:* _____
Signature:* _____

(*) I give permission to inform me via this e-mail address about an upcoming direct debit.

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.