

**SEPA Direct Debit Mandate**

Referencia de la orden de domiciliación / Mandate reference
Identificador del acreedor / Creditor identifier ES81134Q5018001G
Nombre del acreedor / Creditor's name Universidad de Zaragoza
Dirección / Address Pedro Cerbuna, 12
Código postal - Población - Provincia / Postal Code - City - Town 50009 - Zaragoza - Zaragoza
País / Country España

By signing this mandate form you authorise the Creditor to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from the Creditor. 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. Your rights are explained in a statement that you can obtain from your bank.

Nombre del estudiante / Student's name	DNI/PASAPORTE	NIA	
Nombre del deudor (titular de la cuenta) / Debtor's name		NIF	
Dirección del deudor / Address of the debtor			
Código postal - Población - Provincia / Postal Code - City - Town			
País del deudor / Country of the debtor			
Swift BIC(puede contener 8 u 11 posiciones) / (up to 8 or 11 characters)			
Número de cuenta - IBAN / Account number - IBAN			
En España el IBAN consta de 24 posiciones comenzando siempre por ES Spanish IBAN of 24 positions always starting with ES			
Tipo de pago / Type of payment: Pago recurrente / Recurrent payment			
Fecha - Localidad / Date - Location in which you are signing			
Firma del deudor / Signature of the debtor			

TODOS LOS CAMPOS HAN DE SER CUMPLIMENTADOS OBLIGATORIAMENTE. UNA VEZ FIRMADA, ESTA ORDEN DE DOMICILIACIÓN DEBE SER ENVIADA A LA SECRETARÍA DE SU CENTRO PARA SU CUSTODIA.

IT IS MANDATORY TO FILL OUT ALL BLANKS. ONCE SIGNED, THIS MANDATE MUST BE SENT TO THE OFFICE OF YOUR SCHOOL OR FACULTY, WHERE IT WILL BE FILED.