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| **Orden de domiciliación de adeudo directo SEPA**  ***SEPA Direct Debit Mandate***   |  | | --- | | Referencia de la orden de domiciliación / *Mandate reference :*  Identificador del acreedor / Creditor´s identifier :  Nombre del acreedor / *Creditor´s name :*  Dirección / *Address :*  Código Postal – Población – Provincia / *Postal Code – City – Town :*  País / *Country :* |   **Mediante la firma de esta orden de domiciliación, el deudor autoriza (A) al acreedor a enviar instrucciones a la entidad del deudor para adeudar en su cuenta y (B) a la entidad para efectuar los adeudos en su cuenta siguiendo las instrucciones del acreedor. Como parte de sus derechos, el deudor está legitimado al reembolso por su entidad en los términos y condiciones del contrato suscrito con la misma. La solicitud de reembolso deberá efectuarse dentro de las ocho semanas que siguen a la fecha de adeudo en su cuenta, Puede obtener información adicional sobre sus derechos en su entidad financiera.**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nombre del deudor / *Debtor´s name* :  Dirección del deudor / *Address of the debtor :*  Código Postal – Población – Provincia / *Postal Code – City – Town :*  País del deudor / *Country of the debtor :*  Switf BIC / *Switf BIC (puede contener 8 u 11 posiciones) / Switf BIC (up to 8 or 11 characters)*   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   Número de cuenta – IBAN / *Account number – IBAN*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   Tipo de pago:  Pago recurrente / *Recurrent payment* Pago único / *One-off payment*    Fecha – Localidad / *Date – location in wich 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 AL ACREEDOR PARA SU CUSTODIA. / ALL GAPS ARE MANDATORY. ONCE THIS MANDATE HAS BEEN SIGNED, MUST BE SENT TO CREDITOR FOR STOGARE.** | |
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DNI : Num.Cliente: Estudiante