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| **Orden de domiciliación de adeudo directo SEPA**  ***SEPA Direct Debit Mandate***  A cumplimentar por el acreedor  *To be completed by the creditor*   |  | | --- | | Referencia de la orden de domiciliación / *Mandate reference :*  Identificador del acreedor / Creditor´s identifier : 47614346E  Nombre del acreedor / *Creditor´s name : CENTRE D’ESTUDIS D’IDIOMES CEI*  Dirección / *Address :C/ MALLORCA, 29 LOCAL 2B*  Código Postal – Población – Provincia / *Postal Code – City – Town :08830 SANT BOI DE LLOBREGAT- BARCELONA*  País / *Country : ESPAÑA* |   **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.**  *By signing this mandate form, you authorise (A) the creditor to send instructions to your bank to debir your account and (B) your bank to debit your account in accordance with the instruction form 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 of with your account was debited. Your rights are explained in a statement that you can ontain from your bank.*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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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A cumplimentar por el deudor

*To be completed by the debtor*