*creedor*

*Logo Creditor*

**Orden de domiciliación de adeudo directo SEPA CORE**

***SEPA CORE Direct Debit Mandate***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Referencia de la orden de domiciliación:**  *Mandate reference*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | C | L | A | S | S | E | S |  | D | E |  | A | N | G | L | E | S |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **La referencia del mandato no puede exceder de 35 caracteres y solo puede contener caracteres: A-Z, a-z, 0-9+/-.**  *Mandate Reference may not exceed 35 characters and must consist of the following characters only: A-Z, a-z, 0-9+/-.* |

A cumplimentar por el acreedor- *to be completed by the creditor*

**Identificador del acreedor** :             

**S**

**E**

*Creditor Identifier* Dato facilitado por su entidad.

**Nombre del Acreedor** : J O S E P H H I R S C H

*Creditor´s Name*

**Dirección** : P L A Ç A P E R P I N Y À 18

*Address*

B A N Y O L E S

**Código Postal –Población**  : 1 7 8 2 0

**Provincia – País** :G I R O N A E S P A Ñ A

*Town-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 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 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 debit your account and (B) 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 eigth 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*

A cumplimentar por el deudor /*to be completed by the debtor*

**Nombre del deudor/es :**

*Name of the debtor(s)* (Titular/es de la cuenta de cargo- *Account holder/s*)

**Dirección del deudor :**

*Address of the debtor*

**NIF del deudor****:**

**Código postal - Población :**

*Postal code and city of the debtor*

**Provincia - País del deudor :**

*Town- Country of the debtor*

**Swift-BIC del banco deudor :** 

*Swift-BIC of the debtor bank*

**Número de cuenta- IBAN :**

*Account number of the debt- IBAN*

 **En España el IBAN consta de 24 posiciones comenzando por ES**

*Spanish IBAN up to 24 positions starting by ES*

**Tipo de pago**  **:**   **Pago recurrente** o   **Pago único**

*Type of payment Recurrent payment or One/off payment*

Este mandato se puede usar para adeudos recurrentes Este mandato únicamente se puede usar una sola vez

**Fecha - Localidad**   **:**

*Date, location in which you are signing*

**Firma/s del deudor/es :**

*Signature(s) of the debtor(s)*



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 STORAGE.*