

Authorization for direct deposit with the services provided by  
SEPA CORE

REFERENCE MANDATE NUMBER:

H	4	1	7	8	4						
(da completare a cura della Scuola)											



<b>First and Last Name (Account Holder):</b>			
<b>Residence Address Debitor: Via/C.so/P.zza/Largo</b>		<b>N°:</b>	
<b>Post code:</b>		<b>City:</b>	
<b>Province:</b>		<b>State:</b>	
<b>IBAN CODE:</b>		27 Character Identifying Code	
<b>Branch name and address:</b>		SWIFT (BIC) code only for foreign accounts:	

*(Compiled by the School)*

<b>First and Last Name/Company Name:</b>	FONDAZIONE SCUOLA DI MUSICA DI FIESOLE ONLUS		
<b>Creditor Identifier:</b>	IT960010000001433890488 <b>(attention: this is not the School's IBAN)</b>		
<b>Address:</b>	VIA DELLE FONTANELLE	<b>N°:</b>	24
<b>Post Code:</b>	50014	<b>City:</b>	FIESOLE
<b>Province:</b>	FIRENZE	<b>State:</b>	ITALIA

ECONOMIC CONDITIONS	
Fee for SDD Direct Deposit	€0,00
Fee for missed or late Direct Deposit	€6,00

The undersigned Debitor authorizes the FONDAZIONE SCUOLA DI MUSICA DI FIESOLE ONLUS to effect the following transaction(s) on the aforementioned bank account:

- Continual direct deposits
- One singular deposit

The rapport with the Bank is regulated by the contract stipulated by the Debitor with his/her bank.

**Place** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature (Account Holder):** \_\_\_\_\_

Privacy information (ex D.lgs 196/03 and Reg. UE/679/2016)

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**Eventual person on whose behalf the payment is being effected:**

*For application of payments relative to course fees for persons different than the Debitor, please use the field below indicating the person or persons' name(s). Leave the field blank if the account holder and the student are the same person.*

**First and Last Name of student:**

Return the completed form in one of the following ways: - e-mail: g.cabras@scuolamusica.fiesole.fi.it - In the Administrative Offices, with the attention of Sig. Gianluca Cabras	RESERVED FOR CREDITOR:
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