

Direct bank payment order

Beneficiary

Arimunani SL

Information of bank account holder

Name and surname:

Id:

Email address:

Telephone:

Address:

City and postal code:

I authorise Arimunani SL to debit receipts corresponding to the activities to which my son(s), daughter(s) are enrolled in, from the date of this document onwards, and until further notice.

Students information

1. Name and surname:

2. Name and surname:

3. Name and surname:

Bank information

Bank:

IBAN: _____ Entity: _____ Office: _____ DC: _____ Account num.: _____

Arimunani SL will suspend this bank order whenever the person signing this document wishes to, or as soon as the person cancels their enrolment to the activity/ies.

The costs that may arise from the return of a receipt will be charged to the bank account holder.

Signature:

Date: