**Orden de domiciliación de adeudo directo SEPA**

**A cumplimentar por el acreedor**

To be completed by the creditor

**A cumplimentar por el deudor**

To be completed by the debtor

***SEPA Direct Debit Mandate***

Referencia de la orden de domiciliación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Mandate reference***

Identificador del acreedor: \_\_ES13000R3100063A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Creditor Identifier***

***Nombre del acreedor / Creditor´s name***

***\_***C***\_***O***\_\_***L***\_***E***\_***G***\_\_***IO***\_ \_\_***R ***\_***ELIGIOSAS M INMACULADA***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección / Address***

\_A\_V\_D\_\_A\_.\_R\_O\_\_N\_C\_\_E\_S\_V\_A\_\_L\_L\_E\_S\_,\_1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Código postal - Población - Provincia / Postal Code - City - Town***

***\_***3***\_***1***\_***0***\_***0***\_***2***\_\_***P***\_***A***\_***M***\_\_***P***\_***L***\_***O***\_***N***\_\_***A***\_\_***(N***\_\_***A***\_***V***\_***A***\_***R***\_\_***R***\_***A***\_***)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ País / Country***

\_E\_S\_P\_\_A\_Ñ\_A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mediante la firma de esta orden de domiciliación, el deudor autoriza (A) al acreedor a enviar instrucciones a la ent idad 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 au thorise (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.*

***Nombre del deudor/es / Debtor’s name (titular/es de la cuenta de cargo)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Dirección del deudor* /*Address of the debtor***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Código postal - Población - Provincia / Postal Code - City - Town***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***País del deudor* / *Country of the debtor***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***D***\_***N***\_\_***I ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Swift BIC* / *Swift BI C (puede contener 8 u 11 posiciones) / Swift BIC (up to 8 or 11 characters)***

***Núme ro de cuenta - IBAN / Account number - IBAN***

**En Es paña el IBAN consta de 24 posiciones comenza ndo sie mpre por ES**

***Spanish IBAN of 24 positions always starting ES***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Tipo de pago:*** | ***Pago recurrente*** | ***o*** | ***Pago único*** |
| ***Type of payment*** | ***Recurrent payment*** | ***or*** | ***One-off payment*** |

***Fecha – Localidad:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Date - location in which you are signi ng***

Firma del deudor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signat ure of the debtor***

TODOS LOS CAMPOS HAN DE SER CUMPLIMENTADOS OBLIGATORIAMENT E.

UNA VEZ FIRMADA EST A ORDEN DE DOMICILIACIÓN DEBE SER ENVIADA AL ACREEDOR PARA SU CUSTODIA.

*ALL GA PS AR E MAND ATO RY. ONCE TH IS MANDAT E H AS BE EN SIGNED M UST BE SENT TO CR ED ITO R FO R STOR AGE.*