



▶ **SEPA-CORE monthly DIRECT DEBIT MANDATE**

Creditor's number: LU63ZZZ000000008699001004

Mandate reference\*:

**LAST NAME**  **FIRST NAME**  \* To be completed by ALEBA

**STREET AND NUMBER**  **BORN ON (DD/MM/YYYY)**

**POSTCODE**  **CITY**  **COUNTRY**

**IBAN**

**BIC CODE**  **DATE**  **SIGNATURE**

By signing this mandate form, you authorize ALEBA to send instructions to your bank to debit your account in accordance with the instructions from ALEBA. 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 8 weeks starting from the date on which your account was debited.

▶ **HOW DID YOU HEAR ABOUT ALEBA?**