

Mandate recurrent direct debit Friend of Mukomeze



By signing this form, I authorize the Mukomeze foundation to send recurrent direct debit instructions to my bank in order to collect each month or year

Monthly:

- € 5
- € 10
- € 25
- € 50

Annually:

- € 50
- € 100
- € 250
- € 500
- € 1000
- € (> €1000)

from my bank account.

Our creditor-ID is NL85ZZZ273187600000. In case you don't agree with a payment, you can ask your bank to cancel it within eight weeks after it's debited from your account. This mandate remains valid until written notice; see the text box below for the address.

Name _____

Address _____

Postal code _____ City _____

Country _____

IBAN

BIC/SWIFT code

E-mail _____

Please print this form, fill in and sign it and send it to:

Mukomeze Foundation
p/a Cimburgalaan 72
4819 BD Breda, The Netherlands

You can also scan and e-mail it to:
treasurer@mukomeze.nl

Place, date

Signature
