

DIRECT DEBIT ORDER

The undersigned :

Name :
Street, no :
Postal Code, City Country :

Requests **Caritas Jeunes et Familles a.s.b.l. (RCSL : F4414)**
64, rue Charles Martel
L-2134 Luxembourg
Account LU08 0019 1000 3109 2000

To collect the monthly invoice for the care of my child from this day on until expressly revoked :

Name of the child : BOB Code:

Invoices made out to:

Name :
Street, no :
Postal Code, City Country :

with the financial instituion (BIC Code) :

by debiting the account (IBAN nr) :

On behalf of - the undersigned - the account holder (*) (delete as appropriate)

Name :
Street, no :
Postal Code, City Country :

Date and Signature for agreement:

The debtor

The account holder (*)

(*) Ony required if the account holder is not the recipient of the invoices

By signing this direct debit order, you authorize Caritas Jeunes et Familles a.s.b.l. to send instructions to your bank to debit your bank account according to the instructions given by Caritas Jeunes et Familles a.s.b.l.
In accordance with current law, in the event of a dispute you are entitled to request reimbursement from your bank in accordance with the general conditions signed with it. The refund must be claimed within 8 weeks of the date your account was debited.