

DIRECT DEBIT ORDER

The undersigned

Name	_____
Street, no.	_____
P.O. Box, 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 : _____
child's registration number / service voucher number : _____

Invoices made out to :

Name	_____
Street, no.	_____
P.O. Box, City	_____ Country _____

with the financial institution (BIC code) : _____

by debiting the account (IBAN no.) : _____

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

Name	_____
Street, no.	_____
P.O. Box, City	_____ Country _____

Location:

Date :

Signature for agreement:

the debtor

the account holder (*)

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

By signing this direct debit order, you authorise 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.