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| **MANDAT DE PRÉLÈVEMENT SEPA** |
| **Référence Unique du Mandat :**

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**(Zone renseignée ultérieurement par les services administratifs du créancier)** |
| **Créancier :**NOM :Adresse :Identifiant SEPA (ICS) : | **ASSOCIATION DES OFFICIERS MARINIERS DE TOULON****14 RUE DE CHABANNES - 83000 TOULON****FR92ZZZ571139** |
| En signant ce formulaire de mandat, vous autorisez l’**ASSOCIATION DES OFFICIERS MARINIERS DE TOULON** à envoyer des instructions à votre banque pour débiter votre compte, et votre banque à débiter votre compte conformément aux instructions de l’**ASSOCIATION DES OFFICIERS MARINIERS DE TOULON.**Vous bénéficiez du droit d’être remboursé par votre banque selon les conditions décrites dans la convention que vous avez passée avec elle. Une demande de remboursement doit être présentée :* dans les 8 semaines suivant la date de débit de votre compte pour un prélèvement autorisé,
* sans tarder et au plus tard dans les 13 mois en cas de prélèvement non autorisé.
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| Veuillez compléter les champs ci-dessous **et joindre** **à ce mandat votre relevé d’identité bancaire** |
| **Débiteur :**Nom et Prénom :Adresse :Code postal :Ville : |

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| **Compte bancaire :**Numéro IBAN :Code BIC :Type de paiement : |

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 Paiement récurent / répétitif Paiement ponctuel  |
| **Signature :**Signé à :Date :Veuillez signer ici : |

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| **Note :** Vos droits concernant le présent mandat sont expliqués dans un document que vous pouvez obtenir auprès de votre banque.**IBAN :** Numéro d’identification international du compte bancaire (International Bank Account Number)**BIC :** Code internationale d’identification de votre banque (Bank Identifier Code) |