|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mandat de prélèvement SEPA** | | | | | | En signant ce formulaire de mandat, vous autorisez (A) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SE-UNSA 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | H:\SE\Images SE-unsa\Nouveau logo\Logo couleurPF.jpg | | | | |  |
| à envoyer des instructions à votre banque pour débiter votre compte, et (B) votre banque à débiter votre compte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| conformément aux instructions de | | | | | | | | | | | | | | | | | | | | | SE-UNSA 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vous bénéficiez du droit d'être remboursé par votre banque suivant 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence unique du mandat : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Identifiant créancier SEPA : | | | | | | | | | | | | | | | | | | | | | | FR16ZZZ401981 | | | | | | | | | | | | | |
| **Débiteur :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Créancier :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Votre Nom | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nom | | | | | | | | SE-UNSA 88 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Votre Adresse | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Adresse | | | | | | | | 20 Chemin de la Justice | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Les Aiglons Appt 111 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code postal | | |  | | | | | | | | | Ville | | | | |  | | | | | | | | | | | | | | | | | | | Code postal | | | | | | | | 88000 | | | | | | | | | | | Ville | | | | | | | EPINAL | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Pays |  | Pays | FRANCE | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IBAN |  | | |  | | |  | |  | |  | | |  |  | | |  | |  | |  | |  | |  |  | |  | |  |  |  |  | | |  |  |  | |  | |  | | | |  |  | | |  | |  | | |  | | |  | |  | | |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIC |  | | | |  | | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |  | |  | | | | | | Paiement : | | | | | | | | | | X | | | | Récurrent/Répétitif | | | | | | | | | | | | | | |  | Ponctuel | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Le : | | | | |  | |  | | |  | | | |  | | |  | |  | | |  | | |  | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Signature : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nota : Vos droits concernant le présent mandat sont expliqués dans un document que vous pouvez obtenir auprès de votre banque.  **Veuillez compléter tous les champs du mandat.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |