



**INFIRMIERS DE RUE
STRAATVERPLEGERS**

DIRECT DEBIT MANDATE

To be returned in an envelope or by mail to:
Infirmiers de rue asbl, rue Gheude 21-25/4 – 1070 Anderlecht
donateurs@idr-sv.org

By reporting this money order, I authorize Street nurses to send instructions to my bank to debit my account and my bank to debit my account in accordance with Street nurses' instructions.

Last name:.....
First name:.....
Address:.....
..... N°: Box:
Zip code: City: Country:
Phone :
E-mail address :@.....
My bank account:

IBAN: □□□□ - □□□□ - □□□□ - □□□□

BIC: □□□□□□□□
Communication (optional):

I support the projects of Street nurses by making a monthly contribution of:
 5 euros 10 euros 15 euros 20 euros **other amount:**
..... **euros**

This amount will be deducted on the 3rd of each month.

Date:/...../.....

Signature:



Receipt to keep preciously

Mandate of direct debit for the benefit of Street nurses:



Signed as of the/...../..... For a monthly amount of EUROS

From the debit account IBAN □□□□ - □□□□ - □□□□ - □□□□

- As soon as your direct debit mandate is registered, you will receive a confirmation letter containing the reference number of the mandate.
- You also have the right to a refund within 8 weeks from the date your account is debited.
- You are free to suspend payments at any time by contacting koen Van den Broeck on 02 265 33 00 or by e-mail: donateurs@idr-sv.org.
- If the total amount of your payments is equal to or higher than 40 euros a year, you will receive a tax certificate in the first quarter of the following year.