



**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](mailto:donateurs@idr-sv.org)

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

Last name:..... First name:.....

National registration number: .....

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:

11,5 €     23,5 €     67 €     100 €     other amount:... €

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

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

Signature:

✂-----

### Mandate of direct debit for the benefit of Street nurses:

Receipt to keep preciously

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 request a refund within 8 weeks from the date your account is debited.
- You are free to suspend payments at any time by contacting our donor service on 02 265 33 00 or by e-mail: [donateurs@idr-sv.org](mailto: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.