

# SEPA Single Authorization Form

FINANCE, CONTROL & PROCUREMENT  
Financial Department

Reference authorization (max. 35 characters):  
**/160004 SSD School of Commerce/ kos**

Stichting Stenden Hogeschool  
PO box 1298  
8900 CG Leeuwarden  
NETHERLANDS

Tel: +31 (0)58 244 1441  
Fax: +31 (0)58 244 1401  
Payee ID: NL94ZZZ011235040000  
E-mail: debiteuren@stenden.com

Reason payment: : Study Start Days  
Projectnumber: : 160004 SSD School of Commerce/ kostendrager 1615

Dear sir, madam,

By signing this form you authorize Stichting Stenden Hogeschool to send a  
single direct debit order to your bank, to deduct the amount of




€ 40,00

from your account and authorize your bank to deduct this amount in  
term at the request of Stichting Stenden Hogeschool.

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If you disagree with this deduction you can have it reversed. Contact your bank within  
8 weeks after the deduction in order to do so. Ask your bank for applicable conditions.

Studentnumber : \_\_\_\_\_  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Postal code and residence : \_\_\_\_\_  
Country : \_\_\_\_\_  
IBAN : \_\_\_\_\_  
Bank Identifier Code [BIC]\* : \_\_\_\_\_  
Name accountholder : \_\_\_\_\_  
Residence accountholder : \_\_\_\_\_

	Signature accountholder	Signature parent/legal guardian**:	Signature student***:
			
Place:	_____	Place:	_____
Date:	_____	Date:	_____

\*) Not mandatory with Dutch IBAN

\*\*) For minors

\*\*\*) Even when accountholder and student are the same, both signatures are needed