



Aevitae

P.O. Box 2705

6401 DE Heerlen

Polisbeheerzorg@aevitae.com

Form for Continuous SEPA Authorisation

Reason for payment: premium

Do you want to pay your excess and other sums due to Aevitae B.V. automatically? Yes

Contract number(s): _____

Account number (IBAN) : _____

Name and initial(s): _____

Address: _____

Postal code and town/city: _____

Country: _____

By signing this form, you give Aevitae B.V. permission, until cancellation, to send direct debit instructions to your bank in order to transfer the sums due in accordance with the above specification from your account, and you give permission to your bank to continually transfer the sums due from your account in accordance with Aevitae B.V.'s instructions.

If you dispute a transfer you can have it refunded. If you wish to do so, please contact your bank within eight weeks of the transfer. Ask your bank about the conditions.

Details of creditor: Aevitae B.V., Nieuw Eyckholt 284, 6419 DJ Heerlen, The Netherlands.

Creditor ID: NL97ZZZ310475130000

This authorisation is valid for claims that arise after we have processed the mandate form. Amounts that have already been invoiced will not be collected automatically.

Town/city: _____

Date: ____ - ____ - ____

Signature of the policyholder: _____