



DIRECT DEBIT ORDER

Direct debit order reference: **ENROLMENT YEAR** _____
 Payee identifier: **ES51010Q2432001B**
 Name of payee: **UNIVERSIDAD DE LEÓN**
Address: AVENIDA DE LA FACULTAD, 25
 Postcode – Town – Province: **24071 LEÓN**
 Country: **SPAIN**

By signing this direct debit order, the student authorises the University of León to send instructions to the student's bank to debit his/her account. As part of his/her rights, the debtor is entitled to reimbursement by his/her institution under the terms and conditions of the contract signed with the institution. The request for reimbursement must be made within eight weeks of the date on which the account was debited. You can obtain detailed information on the procedure from your financial institution.

NOTE:All fields **MUST** be filled in.

NAME AND SURNAME of **STUDENT** and debtor:

ID card no.: _____

Degree: _____

BANK DETAILS FOR DEBITING THE AMOUNT DUE

IBAN		BANK			OFFICE			CD	ACCOUNT NUMBER															
Country	CD																							
E	S																							

The financial institution **MUST** be Spanish. The IBAN consists of 24 digits and always begins with

ES Type of payment: Payment in instalments Single payment

León, date: _____ [YYYY-MM-DD]

Student's signature: _____

To be completed if the account holder is NOT the same as the student

NAME AND SURNAME of the **ACCOUNT HOLDER**:

ID card no.: _____

As the account holder, I authorise the direct debit mandate, in the terms set out above.

León, date: _____ [YYYY-MM-DD]

Account holder's signature: _____

Once the **registration has been finalised**, you must sign this direct debit order and submit/send it to the Doctoral Unit within ten days.

[LINK TO INFORMATION ON DATA PROTECTION](#)