

By signing this mandate form, you authorise (A) _____ to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction form _____. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Please complete all the fields marked *.

Nome del Debitore* / Name of the Debtor*							
Via, Numero civico* / Street name and number*							
Codice Fiscale/Partita IVA Debitore* / NIN or VAT Number of the Debtor*							
CAP/Località* / Postal code/City*	Paese* / Country*						
Numero conto del Debitore (IBAN)* / Account number (IBAN)*	SWIFT* / BIC*						
Nome del Creditore* / Creditor's name*							
A.S.P. VALLONI MARECCHIA							
Codice identificativo del creditore* / Creditor identifier*							
IT 220010000004265920407							
Via, Numero civico* / Street name and number*							
Via Di Mezzo, 1							
CAP/Località* / Postal code/City*	Paese* / Country*						
47923	Rimini						
Tipo pagamento* / Type of payment*							
☒ Ricorrente / Recurrent o ☐ Singolo / One-off							
Data sottoscrizione originaria* / Date of signature*	Firma/timbro del cliente* / Signature and stamp*						
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Data* / Date* (ddmmyyyy)							
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Luogo* / City*							
Nota: i diritti del sottoscrittore del presente mandato sono indicati nella documentazione ottenibile dalla propria banca. Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.							