SOFICA's
Specialists in Top-Up & Full Medical Insurance in France

SEPA DIRECT DEBIT MANDATE

The « SEPA Direct Debit Mandate » is the official document that replaces the direct debit authorization at the European level.

By signing this mandate, you authorize :

- SOFICAS to send instructions to your bank to debit your bank account
- Your bank to debit your account in accordance with SOFICAS's instructions

Important : Please complete, date and sign this mandate. Do not forget to attach a Banking Identity (RIB), a Postal Account Identity (RIP) or a Caisse d'Epargne Identity (RICE). We remind you that withdrawals from a saving account are not accepted.

CREDITOR INFORMATION

SOFICAS

6 rue Jean Croix Tréyéran
33200 BORDEAUX
France

SEPA creditor ID : FR02ZZZ804E9E

PAYER INFORMATION

Name-First name / Company name : .....
Address : .....
Postcode :.....City : .....
Country :.....

Your Bank account coordinates to be debited :

International Bank Account Identification Number (IBAN) :

International Bank Identifier Code (BIC) :

IDENTIFICATION OF THE MANDATE

Unique reference of the mandate (reserved for the administration of SOFICAS) :
We remind you that you have the right to be reimbursed by your bank according to the conditions described in your agreement with your bank. The request for reimbursement must then be submitted within 8 weeks following the date of debiting your account for an authorized direct debit. Your rights regarding this SEPA Direct Debit Mandate are explained in a document that you may obtain from your bank.

Dated : ..... At : .....
Signature of the account owner :

The information collected in this mandate, which must be completed, is necessary for the processing of my request and will only be used for management purposes. In accordance with article 38 and following of the modified law of 6 January 1978, they may give rise to the exercise of the right of access and rectification with SOFICAS 6 rue Jean Croix Tréyéran – 33200 BORDEAUX- for any information concerning me.