

MANDAT de Prélèvement SEPA

En signant ce formulaire de mandat, vous autorisez OGEC SFDA à envoyer des instructions à votre banque pour débiter votre compte, et votre banque à débiter votre compte conformément aux instructions de OGEC SFDA.
 Vous bénéficiez du droit d'être remboursé par votre banque selon les conditions décrites dans la convention que vous avez passée avec elle.
 Une demande de remboursement doit être présentée :
 -dans les 8 semaines suivant la date de débit de votre compte pour un prélèvement autorisé,
 -sans tarder et au plus tard dans les 13 mois en cas de prélèvement non autorisé.
 Veuillez compléter les champs marqués *

Votre Nom	*	Nom/ Prénoms du débiteur	1																																			
	*	Numéro et nom de la rue	2																																			
Votre adresse	*	<table border="0" style="width: 100%;"> <tr> <td style="width: 20%; border-bottom: 1px dotted black;"> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table> </td> <td style="width: 10%; text-align: center;">*</td> <td style="width: 70%; border-bottom: 1px dotted black;">Ville</td> </tr> </table>	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>					*	Ville	3																												
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Nom du créancier	*	OGEC SFDA	7																																			
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Note: Vos droits concernant le présent mandat sont expliqués dans un document que vous pouvez obtenir auprès de votre banque.

A retourner par courrier à :
 OGEC SFDA
 1 RUE HORIZON VERT CS40601 37170 CHAMBRAY LES TOURS

Zone réservée à l'usage exclusif du créancier