

PO.01-IM.05.03-EN

Município de Arganil

Authorization to Debit Bank Account

IDENTIFICATION OF THE CONTRACT HOLDER			
Name:			
Address:			
Zip Code:		Town:	
Citizen Card/ ID No.:	Expiry Date	:	Place of Issue:
VAT No.:			
Telephone:		Email:	
SUBJECT OF THE APPLICATION			
For the payment of:			
Water Supply Wastewater Sanitation Urban Solid Waste			
Area/Consumer Number:/			
Authorization Alteration			
Account Holder:			
IBAN:			
Bank Entity:			
Cancellation of authorization to	account	The Applicant	
Arganil, of of 20			

The Municipality of Arganil complies with the General Data Protection Regulations regarding the collection and processing of data. The data collected is intended exclusively for the processing of this application. For further information please contact <u>rgpd@cm-arganil.pt</u>

Praça Simões Dias, Apartado 10, 3304-954 Arganil NIPC: 506833232

+(351) 235 200 150 +(351) 235 200 158 +(351) 961 989 589 geral@cm-arganil.pt