

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: <input type="checkbox"/> Water Supply <input type="checkbox"/> Wastewater Sanitation <input type="checkbox"/> Urban Solid Waste
Area/Consumer Number: ____/_____ <input type="checkbox"/> Authorization <input type="checkbox"/> Alteration
Account Holder:
IBAN:
Bank Entity:

Cancellation of authorization to debit bank account The Applicant

Arganil, ____ of _____ of 20____

TO BE FILLED IN BY THE SERVICES

The Employee _____		
ENTRY	INFORMATION OF SERVICES	ORDER/DECISION
Request No.		GRANTED
Date		DENIED
Contract No.:		Date The President
		____/____/____ _____

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 rgpd@cm-arganil.pt