



Referencia de la orden domiciliación: <i>Mandate reference</i>	
Identificador del acreedor <i>Creditor Identifier</i>	A53555967
Nombre del acreedor <i>Creditor's name</i>	AIGÜES I SANEJAMENT D'ELX, S.A.
Dirección <i>Address</i>	PL. DE LA LLOTJA S/N
Código postal – Población- Provincia <i>Postal Code –City - Town</i>	03202 ELX - ALICANTE
País <i>Country</i>	ESPAÑA

By signing this mandate form, you authorise the Creditor to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from the Creditor. 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 eight weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

TODOS LOS CAMPOS HAN DE SER CUMPLIMENTADOS OBLIGATORIAMENTE.
UNA VEZ FIRMADA ESTA ORDEN DE DOMICILIACIÓN DEBE SER ENVIADA AL ACREEDOR PARA SU CUSTODIA.
ALL GAPS ARE MANDATORY. ONCE THIS MANDATE HAS BEEN SIGNED MUST BE SENT TO CREDITOR FOR STORAGE

