

**Donation form SEPA Direct Debit Mandate**

Yes, I would like to support academic excellence by making a gift of:

    **

I authorize the Amsterdam University Fund to collect a Direct Debit for:

  

Please direct my gift to:

   

 

Surname  Initials 

Address  

Postal code  City 

Country 

Phone 

Email address 

IBAN  BIC 

 *(Account number in 18 characters) (Bank Identification Code)*

City and date ……………………………………………

Signature ……………………………………………

By signing this mandate form, you authorise the Amsterdam University Fund to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from Amsterdam University Fund. 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 8 weeks starting from the date on which your account was debited.

Please return the completed form to: Amsterdam University Fund, P.O. box 94325, 1090 GH Amsterdam, The Netherlands. You can also send a scan or photo of this form to *universiteitsfonds@uva.nl*.