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| **Mandat de prélèvement SEPA** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Logo_couleur | | | | |  |
| En signant ce formulaire de mandat, vous autorisez le syndicat SE-UNSA à envoyer des instructions à votre banque pour débiter votre compte, et votre banque à débiter votre compte conformément aux instructions du SE-UNSA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Vous bénéficiez du droit d'être remboursé par votre banque suivant 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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence unique du mandat : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Identifiant créancier SEPA : | | | | | | | | | | | | | | | | | | | | | **FR16ZZZ401981** | | | | | | | | | | | | | |
| **Débiteur :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Créancier :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vos nom/prénom : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nom | | | | | | | | **Syndicat des Enseignants - UNSA** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Votre adresse : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Adresse | | | | | | | | **209 boulevard Saint-Germain** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Code postal | | |  | | | | | | | | | Ville | | | | |  | | | | | | | | | | | | | | | | | | | Code postal | | | | | | | | **75007** | | | | | | | | | | Ville | | | | | | | **PARIS** | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Pays |  | Pays | FRANCE | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IBAN** | |  | |  | | |  | |  | |  | | |  |  | | |  | |  | |  | |  | |  |  | |  | |  |  |  |  | | |  |  |  | |  | |  | | | |  |  | |  | |  | | |  | | |  | |  | | |  |  |  |  |  |  |  |  |  |
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| **BIC** | |  | | |  | | |  | |  | | |  | | |  | | |  | |  | |  | |  | | |  | |  | | | | | | Paiement : | | | | | | | | | | **X** | | | Récurrent/Répétitif | | | | | | | | | | | | | | |  | Ponctuel | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A** : | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Le** : | | | | |  | |  | | |  | | | |  | |  | |  | | |  | | |  | | |  | | | | | | | | | | |
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|  | | **Signature** : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nota : Vos droits concernant le présent mandat sont expliqués dans un document que vous pouvez obtenir auprès de votre banque.  **Veuillez compléter tous les champs du mandat.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Les informations contenues dans le présent mandat, qui doit être complété, sont destinées à n’être utilisées par le créancier que pour la gestion de sa relation avec son client. Elles pourront donner lieu à l’exercice, par ce dernier, de ses droits d’oppositions, d’accès et de rectification tels que prévus aux articles 38 et suivants de la loi n° 78-17 du 6 janvier 1978 relative à l’informatique, aux fichiers et aux libertés. ».Note : Vos droits concernant le présent mandat sont expliqués dans un document que vous pouvez obtenir auprès de votre banque.*

**Joindre un R.I.B. svp**