

Authorisation form for automatic collection

Name:	
Adders:	
Postcode:	
Town:	
Phone number:	
I authorize organization PRIME, Zieken 143, 2515 SC, Den Haag To deduct	
Start (DD-MM-YY):	
Bank account:	
Effect:	monthly / quarterly / annually / once
Amount:	[]€ 5 []€ 10 []€ 15 []€ 20 []€ 35 []€ 50 [] other € ...
Place and Date	
Signature:	

