

Authorization form for recurrent SEPA Direct Debit
Machtigingsformulier voor doorlopende SEPA incasso

Collector details

Name: *Studievereniging LIFE*
Address: *Van der Maasweg 9*
Postal code and city: *2629 HZ Delft, Netherlands*
Collector ID: *NL27ZZZ271860830000*
Mandate Reference*:

By signing this form you authorize *Studievereniging LIFE* to continuously send direct debits to your bank to deduct the previously indicated amount from your account and you authorize your bank to continuously debit the previously indicated amount from your account as mandated by *Studievereniging LIFE*.

Required contact details

Full name: _____
Address: _____
Postal code: _____ City: _____ Country: _____
E-mail: _____

Bank account details

IBAN: _____
BIC: _____
Name of account holder: _____
Signature: _____ date: ____ - ____ - ____ city: _____

Please be aware that every year the indicated amount will be collected in May. We would like to remind you that you have the right to cancel LIFE's authorization within 8 weeks after the bank's statement.

Please return the filled out form to S.A. LIFE, quaestor@svlife.nl.

Thank you very much and good luck in your future career!

Kind regards,

Study Association LIFE

* Will be filled out when this form is returned to S.A.LIFE

Dear Master of Science in Life Sciences,

The alumni committee, LIFE Goes On, keeps in contact with all our graduates, organises reunions, and maintains interaction between graduates and master students. Even if you are not a benefactor of LIFE, you are more than welcome at the activities that LIFE Goes On organises. To keep you up to date on the activities of LIFE Goes On we kindly request you to send your most recent contact details to abactis@svlife.nl.

As alumnus, you can choose to become a benefactor of LIFE as well. For benefactors it is also possible to receive the *Vision of LIFE* and our yearbook for a price that covers the expenses.

Please fill in the registration form below.

- Yes, I would like to become a benefactor of LIFE and hereby I authorize, until further notice, Study Association LIFE (founded September 9th 1999) to write off yearly an amount of € _____ (the minimum is €25,- , twenty-five euro).
- Yes, I would like to become a benefactor of LIFE and would like to receive the *Vision of LIFE*. I hereby authorize, until further notice, Study Association LIFE (founded September 9th 1999) to write off yearly an amount of € _____ (the minimum is €35,- , thirty-five euro).
- Yes, I would like to become a benefactor of LIFE and would like to receive the yearbook. I hereby authorize, until further notice, Study Association LIFE (founded September 9th 1999) to write off yearly an amount of € _____ (the minimum is €45,- , forty-five euro).
- Yes, I would like to become a benefactor of LIFE and would like to receive the yearbook **and** the *Vision of LIFE*. I hereby authorize, until further notice, Study Association LIFE (founded September 9th 1999) to write off yearly an amount of € _____ (the minimum is €55,- , fifty-five euro).