



Name: e.t.s.v. Thor
 Direct Debit ID: NL76 ZZZ 4023 6171 0000
 Bank Account: NL63INGB0007115679

Address: Den Dolech 2
 Postcode: 5612 AZ
 City: Eindhoven
 Country: Netherlands

I, hereby, declare to become a beneficiary of Master Association Eir for one year.

Personal Information:

Initials:		First Name:		Last Name:	
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Street:	
Number:	
Postal Code:	
City:	

Phone:	
E-mail:	
Date of birth:	

Amount (€) (min €10)	
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Payment options:

You can choose whether you would like us to automatically collect fees for your invoices from EIR (e.g. when joining activities). Otherwise an invoice will be sent which you will have to pay manually.

- ☐ Direct Debit (NL: Incasso)
- ☐ Invoice

When chosen for direct debit:

IBAN	
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When you do not agree with a payment, cancelation of the payment can be done. Contact your bank within 8 weeks after debit date. Ask your bank for the regulations.

Signature:

Date:	
Place:	
Signature:	

*By signing this document I agree to the privacy policy of e.t.s.v. Thor, which can be found on <https://thor.edu/privacy>.