



SEPA Direct Debit Authorization

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Authorization reference (ADD)
(to be completed by the Creditor)

By signing this authorization, you are authorizing **AR TELECOM - ACESSOS E REDES DE TELECOMUNICAÇÕES**, S.A., to send instructions to your Bank to debit your account, in accordance with Ar instructions.

Your rights include the possibility of demanding from your Bank the repayment of the amount debited, under the terms and conditions agreed with your Bank. Reimbursement must be requested within a period of eight weeks from the date your account was debited. Your rights are explained in a statement that you can obtain from your Bank.

Please fill in all fields:

Name	
Street name and number	
Zip Code	
IBAN	
BIC SWIFT	
Recurring payment	Yes /No

Date: ____/____/____

Customer signature as per ID document
