



AUTHORISATION FORM FOR DIRECT DEBIT

Name : Zo Kinderopvang
Address: Scheveningseweg 46
Postal code: 2517 KV
City: The Hague Country: The Netherlands

Reference: (name child/children)

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By signing this authorisation form, you authorise Zo Kinderopvang to instruct your bank to debit your account for 'bijdrage kinderopvangkosten' in accordance with the instructions from Zo Kinderopvang.

You are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Ask your bank for the conditions.

Name:

Address:

Postal code:

City:

Email address:

Country: The Netherlands

Account number (IBAN):

Identification Code (BIC)*

Place and date:

Signature:

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Note: After signing this form you will receive a monthly invoice by email. Direct debit will automatically stop as soon as the care for your child ends.

* Mandatory information for Dutch IBAN