

DIRECT DEBIT ORDER

The undersigned :

Name :
Street, no :
Postal Code, City Country :

Requests **CJF Lëtzebuerg a.s.b.l. (RCS Luxembourg : F4414)**
2, rue Peternelchen
L-2370 Howald
Account LU08 0019 1000 3109 2000

To collect the monthly invoice for the care of my child from this day on until expressly revoked :

Name of the child : BOB Code:

Invoices made out to:

Name :
Street, no :
Postal Code, City Country :

with the financial instituon (BIC Code) :

by debiting the account (IBAN nr) :

On behalf of - the undersigned - the account holder (*) (delete as appropriate)

Name :
Street, no :
Postal Code, City Country :

Date and Signature for agreement:

The debtor (CJF)

The account holder (*)

(*) Only required if the account holder is not the recipient of the invoices

By signing this direct debit order, you authorize CJF Lëtzebuerg a.s.b.l. to send instructions to your bank to debit your bank account according to the instructions given by CJF Lëtzebuerg a.s.b.l.
In accordance with current law, in the event of a dispute you are entitled to request reimbursement from your bank in accordance with the general conditions signed with it. The refund must be claimed within 8 weeks of the date your account was debited.