

RECURRENT DIRECT DEBIT MANDATE « SEPA »



By signing this Direct Debit Mandate form you authorize APPN to give instructions to your bank to debit your account, and your bank to debit your account in accordance with APPN's instructions.

You benefit from the right of being reimbursed by your bank in accordance with the terms and conditions described in the agreement signed with her. A request of reimbursement has to be presented :

- within an 8 weeks delay after the date of the debit for an approved direct debit
- As soon as possible and at the latest within a 13 months delay in case of a non-approved direct debit

Name and Address of the holder of the Bank Account	
Membership Code	.....
Name	.....
Address	...............
R.U.M. (Unique Reference of Mandate)	.....
Third Debtor's name <i>To be completed only if you pay for another person</i>	

Name and Address of the Creditor
ASSOCIATION DE PREVOYANCE DU PERSONNEL NAVIGANT 82 avenue François Mitterrand - 91200 ATHIS-MONS
Tél. 33 (0) 1 60.48.28.00 - Fax 33 (0) 1.60.48.11.42
Created in 1957 - governed by the Act of 1 July 1901
Technical Flight Personal Insurance Contracts
Loss of Licence – Life Insurance – Medical Care
n° siret : 485 164 867 00015 - code APE : 913 E
www.appn.asso.fr - info@appn.asso.fr
N° I.C.S. (Identification Creditor Sepa) : FR44ZZZ110574

Name and Address of the Bank (in Capital letters)	
Name of the Bank	.....
Complete Address of the Bank	.....
Zip Code - Town	.....
Country	.....
IBAN	.....
B.I.C.	.....

Signature of the holder of the bank account to be debited	
Place of Signature	Signature :
Date	

To be sent back to A.P.P.N. if possible combined with a “Bank Identification Form” (IBAN form)