

# Ganymedes 'Friend of Ganymedes' 2021-2022



## Ganymedes LGBT Studentenvereniging Groningen

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### Details

First Name + Initials: .....

Last name: .....

Date of Birth: ..... - ..... - .....

Street + Huisnr.: .....

Postcode + City: .....

E-mail adresse: .....

Telephone number: .....

Indicate choice:

- I will become a 'Friend of Ganymede' and pay the annual donation by direct debit until the friendship is terminated (see attached form). My annual donation is:  
€..... (at least €35).
  
- I will become a 'Friend of Ganymede' for the duration of one association year (September to August). The friendship ends automatically when this year is over. The payment associated with the friendship will in principle be made by direct debit (see attached form).  
My donation is: €.....(at least €35).

### Signature

Place:

Date:

Signature:

# SEPA Core Direct Debit Mandate (SEPA Doorlopende machtiging)



## Ganymedes LGBT Student Association Groningen

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Creditor's Name: Ganymedes LGBT Student Association  
Groningen  
Creditor's street name: E. Thomassen à Thuessinklaan 8a  
Creditor's Postal code/city: 9713 JT Groningen  
Creditor's Country: The Netherlands  
Creditor Identifier: NL30ZZZ011422560000  
Mandate reference:

With your signature on this mandate<sup>1</sup>, you authorize:

- Ganymedes LGBT Student Association Groningen to instruct your financial institution to directly debit your account and
- Your financial institution to debit your account according to the instructions from Ganymedes LGBT Student Association Groningen

Direct debits will be announced 14 days in advance by the treasurer of Ganymedes LGBT Student Association Groningen to the email address filled in on the Membership Form.

You are entitled to a refund of the debited amount from your financial institution according to the conditions agreed with them. A refund must be requested within eight weeks of the debiting of your account.

### Debtor details:

Debtor's name and initials: .....

Street name and number: .....

Postal code and city: .....

Country: .....

Account number – IBAN: .....

Bank – name and BIC .....

Payment mode Single/Recurrent Payment

Place and date: .....

Signature:

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<sup>1</sup> Note: Your rights pertaining to the mandate above are contained in a datasheet, which you can obtain from your bank