Appendix 1 to the "Rules for the execution of payments in the form of a direct debit"

## **Consent to Debit the Account**

I hereby express my cons	ent:																		
Name and address of the payee					Ide	Identifier of the payee *													
- resident**																			
non-resident**																			
to debiting the account contractual payment date												esult	ing	fror	n my	obli	gatio	ons	on
Name and address of	the pay	yer –	acco	unt l	nold	ler													
Account number – pay	/er																		
	_ _ _	_ _ _	_ _	$ _ _$	_ _	_	_ _	_   .	_ _	_ _									
$\hfill\square$ – consumer within the	meanir	ng of t	he Ci	vil Co	ode	**													
- other payers **																			
Payment identifier***																			
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This document is also consent to the bank debiting my account, under direct debit, as regards my obligations to the above payee.

(town and date)

(signature of the payer – account holder,

in conformity with the specimen provided to the bank)

For the payee

## **Consent to Debit the Account**

I hereby express my cons	ent:																		
Name and address of	the pa	ayee					Ide	Identifier of the payee *											
- resident**																			
non-resident**																			
to debiting the account contractual payment date	•											esultir	ng from	n my	obli	gation	s on		
Name and address of	the pa	ayer –	acco	unt	holo	ler													
Account number – pay	/er																		
	_ _ _	_ _ .		$ _ _$	_ _	_   _	_ _	_	_ _	_ _									
– consumer within the	meani	ing of t	he C	ivil Co	ode	**													
– other payers **																			
Payment identifier***																			
This document is also con	cont t	o tha h	ank	dohiti	ina r	mv a	CCOLU	nt i	inde	or dire	oct de	hit a	c roas	rde m	v obl	ination	is to		

This document is also consent to the bank debiting my account, under direct debit, as regards my obligations to the above payee.

(town and date)

(signature of the payer – account holder, in conformity with the specimen provided to the bank)

For the bank of the payer \*- 10-digit NIP/NIW of the payee \*\*- check the appropriate status \*\*\*- max. 20 alphanumeric characters