

**MANDATE FOR SEPA DIRECT DEBIT CORE SEDA**

**THE MANDATE MUST BE DELIVERED TO YOUR INSTITUTION (BANK/POST OFFICE) - TYPE OF RECURRING MANDATE**

**Reference of the mandate:**

(mandate ID) 5R6721      <sup>Contributor code</sup> E715  
 ex.: Contr. code 34567E715 corresponding (mandate ID) 5R672134567E715

*Signing this mandate gives the creditor the authorisation to request the payment service provider (PSP) whose account the debtor uses to debit his account and the authorisation to execute that debit in accordance with the creditor's instructions. The debtor is entitled to obtain reimbursement from his/her PSP according to the agreements and conditions governing the relationship with the latter. Where applicable, the reimbursement shall be requested within eight weeks from the date of debiting the account.*

| DATA OF THE CREDITOR                                                                                                                                                                                    |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|-----|--|--|--|-----|------------------------------------------------------|--|--|---------------------------------|--|--|--|--|
| Creditor's name                                                                                                                                                                                         |       |     |     |  |  |  |     | SISTEMA AMBIENTE S.P.A.                              |  |  |                                 |  |  |  |  |
| Creditor's address                                                                                                                                                                                      |       |     |     |  |  |  |     | VIA DELLE TAGLIATE III TRAV IV, 136 - 55100 LUCCA LU |  |  |                                 |  |  |  |  |
| Creditor's Identifier                                                                                                                                                                                   |       |     |     |  |  |  |     | IT19ZZZ0000001604560464                              |  |  |                                 |  |  |  |  |
| DATA OF THE DEBTOR                                                                                                                                                                                      |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Debtor's address                                                                                                                                                                                        |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Fiscal code                                                                                                                                                                                             |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Address                                                                                                                                                                                                 |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Postal code, City                                                                                                                                                                                       |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Country*                                                                                                                                                                                                |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Phone number                                                                                                                                                                                            |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Email                                                                                                                                                                                                   |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| BANK DATA                                                                                                                                                                                               |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Bank                                                                                                                                                                                                    |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| IBAN account number*                                                                                                                                                                                    |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Contr. Code                                                                                                                                                                                             | Check | CIN | ABI |  |  |  | CAB |                                                      |  |  | Current Account No. (12 digits) |  |  |  |  |
|                                                                                                                                                                                                         |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| SWIFT BIC                                                                                                                                                                                               |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| DATA OF THE SUBSCRIBER                                                                                                                                                                                  |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| If the Debtor and the Subscriber of this Mandate ARE THE SAME, please tick the box:                                                                                                                     |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| <input checked="" type="checkbox"/>                                                                                                                                                                     |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Complete the fields below if the Debtor and the Subscriber of the Mandate ARE NOT THE SAME.<br>Compile if you are making a payment in respect of an arrangement between the Creditor and another person |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Subscriber's name                                                                                                                                                                                       |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Fiscal code                                                                                                                                                                                             |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Address                                                                                                                                                                                                 |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Postal code, City                                                                                                                                                                                       |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Country*                                                                                                                                                                                                |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Phone number                                                                                                                                                                                            |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |
| Email                                                                                                                                                                                                   |       |     |     |  |  |  |     |                                                      |  |  |                                 |  |  |  |  |

**The direct debit service will be effective from the issue of the next invoice.**

\_\_\_\_\_  
Place and date\*

\_\_\_\_\_  
Subscriber's signature

Fields marked with an asterisk (\*) are mandatory.

## **DIRECT DEBIT TO INVOICE ACCOUNT**

You can use the SDD core seda direct debit (Ex RID) for payments for the next Waste Tariff invoices. The direct debit mandate is the new European collection instrument that replaces the RID. To activate it, users must give the direct debit mandate to their bank, which will send collection instructions to the debtor's current account when the payment is due.

This mode offers the following advantages:

- payment will be made automatically on the due date in order not to risk of forgetting a payment;
- the notices will be delivered directly to your home allowing you to check them and,
- in case of error, stop payment;
- residents abroad will also be able to activate this payment system (Ex RID).