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Technion, Haifa 32000 TL:04-8295555 ,FAX; 04-8293855

www.admin.technion.ac.il/slimud

Authorization to debit a bank account

			Clearing house code												
Bank:			Bank account number						Acct. type		Branch		Bank		
n															
В	ranc	h:		Insti	tution n	umbar				St	udant'		number		
Branch address:			Institution number01273						Student's I.D. number						
D	Tune		U		4	/		5							
1.	I th	I the undersigned Name/s of account holder/s as shown in bank records number number													
		Name/s of account ho	older/s as	shown in	n bank re	cords					stud	ent	number		
	Ado	lress:													
	Street No.			Town							Postcode				
	here	hereby instruct you to debit my/our aforementioned account in your branch, for payment of tuition fees additional charges and rent in the amounts and											ounts and		
	ont	on the dates furnished to you from time to time, on magnetic media or records, by the Technion - Israel Institute of Technology, as specified below													
	und	er "Details of the authorization".													
2.	I/w	e know that:													
2.	1/ WV														
	a.	a. This instruction may be cancelled by written notice from me/us to the Bank and to the <u>Technion – Israel Institute of Technology</u> , which will come											will come		
	into force one business day after delivery to the Bank, and also may be cancelled by any provision of law.														
	b.	b. I/we may cancel a particular debit in advance, providing that written notice of such cancellation is delivered to the Bank at least one business day											iness day		
		before the debit date.												-	
													1.		
	c.	c. I/we may cancel a debit no more than ninety days from the debit date, if I/we can prove to the Bank that the said debit does not match any dates or													
		amounts that may be specified in the authorization.													
3.	I/we	I/we know that I/we must arrange completion of the details in this authorization with the beneficiary.													
4.	I/we	I/we know that the amounts to be debited under this authorization will appear on the bank statements and that no further special notice will be sent by										e sent by			
		Bank for these debits.		11							1			5	
_															
5.		The Bank will follow the written instructions in this authorization so long as the status of the account permits, and so long as there is no legal or other										or other			
	reas	son preventing it from doing so.													

- 6. The Bank may release me/us from the arrangement specified in this authorization, if it has reasonable grounds, and will inform me/us immediately after taking this decision, indicating the reason.
- 7. Please confirm receipt of these instructions from me/us to the Technion <u>Israel Institute of Technology</u>, on the attached slip.

Details of the Authorization

The amounts and dates of the debits shall be determined from time to time by the Technion – Israel Institute of Technology, on the basis of (principles for determination): <u>tuition fees additional charges and rent as in force during the period of studies.</u>

Date		Signature/s of account holder/s									
	Ban	k Confi	rmation	<u>1</u>							
To:		Clearing house code									
Technion – Israel Institute of Technology		Bank account number						Branch	Bank		
Student Accounts Department							1				
Haifa 32000	L1			- I I -				1 1	I I		
		Institution number					Student's I.D. number				
	0	1	2	7	3						
		-	<u> </u>								
We have received instructions from	to honor de	bits for t	he amou	nts and of	n the dates s	hown on th	e magnet	ic media or reco	ords you		

shall act accordingly, as long as the status of the account so permits, so long as there is no legal or other reason preventing us from doing so, so long as we have not received written notice of cancellation from the account holder/s or so long as the account holder/s is/are not released from the arrangement. This confirmation will not affect your obligations towards us, according to the indemnification document signed by you.

Bank: _

Yours sincerely,

Branch: ____

Date:	Те

Student name:

Telephone: _____

Signature and branch stamp