



MUMN Warner Complex Triq il-Vitorja Qormi.

Email: administrator@mumn.org Tel: (+356) 21448542

SEPA CORE Direct Debit Mandate

Membership Form

Type of Payment: RECURRENT

Creditor Identifier: _MT60ZZZ000222002C

MUMN IBAN Number: MT55VALL22013000000017320164017

Sort Code: VALLMTMT

MUMN Branch: Fgura

Debtor Information:

Name and Surname: _____

Id Card number: _____ Mob Number: _____

Id Card number of joint membership partner living at same household: _____

Home Address: _____

Profession: _____

Hospital and ward: _____ / _____ (no abbreviations)

Email address: _____ (capital letters)

IBAN number: Not Revolut: _____ (31 Digits)

• **Single Rate;** 70 euros per year

• **Couple rate;** 130 euros per year

• **Undergraduate Student;** 15 euros per year

By signing this mandate form you authorize MUMN.

- To send instructions to your Bank to debit your account, the amount you indicated above.
- Your bank to debit your account in accordance with the instruction from MUMN.
- If the direct debit is rejected by the bank your MUMN membership is terminated immediately, and a 6 euros administration fee will be charged.
- Kindly send IBAN number if changed prior to your membership card expiry date.

Date : _____

Signature: _____