

Withdrawal of Consent to Debit the Account

I hereby withdraw my consent:

Name and address of the payee <input type="checkbox"/> - resident** <input type="checkbox"/> - non-resident**	Identifier of the payee *									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

to debiting the account specified below, under direct debit.

Name and address of the payer – account holder										
Account number – payer <input type="text"/> <input type="text"/>										
<input type="checkbox"/> - consumer within the meaning of the Civil Code ** <input type="checkbox"/> - other payers **										
Payment identifier***	<input type="text"/>									

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

.....
(town and date)

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

For the payee

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I hereby withdraw my consent:

Name and address of the payee <input type="checkbox"/> - resident** <input type="checkbox"/> - non-resident**	Identifier of the payee *									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

to debiting the account specified below, under direct debit.

Name and address of the payer – account holder										
Account number – payer <input type="text"/> <input type="text"/>										
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Payment identifier***	<input type="text"/>									

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.....
(town and date)

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(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