Authorization to debit a bank account

		Clearing house code											
	Bank:		Banl	k accou	nt numb	er		Acct.	type	Bı	ranch	Bank	
	Branch:							udent's I.D. number					
	Branch address:	0	Instit 1	ution n	umber 7	3		Sti	udent's	i I.D.	numbei	:	
1.	I the undersigned			•	•				•				
	Name/s of account holder/s as shown in bank records student number												
	Address: Street No.												
Street No. Town Postcode hereby instruct you to debit my/our aforementioned account in your branch, for <u>payment of tuition fees additional charge</u> the amounts and on the dates furnished to you from time to time, on magnetic media or records, by the <u>Technion – Israel Technology</u> , as specified below under "Details of the authorization".													
2.	I/we know that:												
	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 into force one business day after delivery to the Bank, and also may be cancelled by any provision of law.												
	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 before the debit date.												
	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.					ion with	the hen	eficia	rv.					
۶. 4.	I/we know that I/we must arrange completion of the details in this authorization with the beneficiary.												
4.	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 the Bank for these debits.												
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 reason 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.												
		tails of											
	ne amounts and dates of the debits shall be determine basis of (principles for determination): tuition fe												
Date Signat							e/s of account holder/s						
		Bank	Confir	matior	<u>1</u>								
	To:						g hou	ise cod					
	Technion – Israel Institute of Technology Student Accounts Department		Banl	k accou	nt numb	er	l	Acct.	type	Bı	ranch	Bank	
	Haifa 32000												
			Instit	ution n	umber			Stı	udent's	s I.D.	number		
		0	1	2	7	3							
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			ırs since	-									
Stu	udent name:	Bar	nk:										
Dat	tte: Telephone:												
				Si	ignature a	and brar	ich st	amp					