

**AUTORIZACIÓN DE DOMICILIACIÓN DE RECIBOS**

D/Dna. ……………………………………………………………………………………………………………………………………………………………..

DNI ………………………………………………………….. proxenitor/proxenitora/persoa acolledora do/a menor ………………

…………………………………………………………………………………………………………………………………………………………………………

matriculado/a no Servizo Lúdico Educativo do Concello de Silleda.

AUTORIZA

A domiciliar os pagos do Campamento de verán 2024 do Concello de Silleda pola cantidade correspondente no seguinte número de conta:

Código IBAN Número de conta D.C. Nº conta

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Titular da conta…………………………………………………………………………………………

Asinado conforme o titular da conta:

Silleda, ………….. de ………………………………………. De 2024