



UNIVERSITA' DEGLI STUDI DELL'AQUILA

Surname

Name

Place of birth

Date of birth

The undersigned , employee at University of L'Aquila, requests the amount due to be credited to the following bank account (IBAN), until further notice:

Country	Check	Cin	ABI	CAB	Current account number

Account holder:

Name of the bank:

Bank agency:

Best regards.

(Date)

(Signature) *

The personal data provided will be processed exclusively for the purposes of this form.

(To be signed in presence of the employee of the office in charge, or alternatively to be signed with a copy attached of an ID of the beneficiary (Reference legislation: art. 38 DPR 445/2000).*