

*Change of bank details
from _____*



Please print this form and email it signed (pdf-file) to **abo@ilcielo.de**.

Last name of child _____

First name of child _____

School/Institution of child _____

Contact person _____

Phone _____ Email _____

New bank details valid from: _____

Account holder _____

Bank code _____ Account number _____

Bank _____

Date / Parent's signature

Date / Signature account holder

Signature above indicates agreement to charge the account above and to the acceptance of general terms and conditions.



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Ust-ID: DE265022527

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SWIFT-BIC: BYLADEM1KMS

Kreissparkasse M-STA-EBE
BLZ: 702 501 50
Kto: 17 280 371



DE-Öko 006