**Sol·licitud de transferència bancària per a pagaments a/de l’Ajuntament de Sant Pol de Mar**

Creditor o creditora

NIF Nom o denominació social

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Codi postal Població Telèfon

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**Alta de dades bancàries\***

Denominació de l’entitat bancària o d’estalvi

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Codi IBAN

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Codi postal Població País

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Diligència de conformitat de l’entitat de crèdit (signat i segellat)

**Baixa de dades bancàries\***

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|  | Sol·licito que es donin de baixa les dades bancàries següents | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
| Codi IBAN | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Signatura del creditor o creditora** | **Localitat i data** |

**\*Es imprescindible el codi IBAN i el codi SWIFT/BIC. Cal començar a omplir les dades per l’esquerra.**

**El creditor o creditora ha de signar sempre aquesta sol·licitud (tant si demana només una alta o una baixa)**