

## Bank details /Payment order / Financial administration

Hereby I would like to confirm that I allow Saxion University of Applied Sciences to transfer my refund on my account or account of the following person.

PLEASE FILL IN DIGITALLY \* In case the student submits incorrect payment details banking costs will be charged to beneficiary and these costs will be deducted from the payment

### 1. PERSONAL INFORMATION:

First name:

Last name:

Date of birth:

student number:

### 2. BANK INFORMATION:

Name of bank  
account holder:

Living address  
bank account holder:

IBAN number:

Swift/BIC code:

Account number:

City of bank

Name of Bank:

Country of Bank:

Signature of student:

### 3 To be completed by Saxion administration:

Subject description	SIS	International Office	Total refund
Total amount			€
Financial control:	Budgethouder:	Budgethouder:	

Fill in, sign this form and send it back to: [finance@saxion.nl](mailto:finance@saxion.nl)