

Direct Debit Order

I, the undersigned, (responsible for the payment)

Surname and first name

Street and house number

Postal code and city

Bank account number

give permission to the company (creditor who will collect the amount for the BASE top-ups)

Liquix b.v. – e-payment provider
 Mobile top-up registration
 P.O. Box 37, 3020, Herent, Belgium

from today onwards and until the explicit revocation of this order, all amounts for BASE prepaid top-ups to collect by debiting the above-mentioned account in relation to the following service: BASE mobile top-up

This service can be used for:

Mobile number

Mobile number

Mobile number

Mobile number

Mobile number

I have read the General Conditions and agree with them.

Date: ____ / ____ / ____ Login name:

Place: e-mail address:

Reserved for bank use only:

Direct debit number

Identification number of the creditor

Please send the signed direct debit order to:

Liquix b.v.
 mobile top-up registration
 P.O. Box 37, 3020, Herent, Belgium
 You can also fax this form to: 078/ 15 10 05.

Depending on your bank,
 this procedure can take up to 2 weeks.

Signature of the account holder