

**AUTHORIZATION FOR
BANK DOMICILIARY SERVICES**

Currency: LBP ☐ USD ☐ Euro ☐ GBP ☐

I hereby empower the Bank mentioned below, to debit my bank account, if its situation so allows, and to pay the Creditor below, all invoices that Transmog Inc SAL presents for collection. The Bank is also allowed to make any necessary foreign currency conversions in order to make the payments. If a charge is made to my account in error, I will receive a credit for the amount due after bringing it to the attention of Transmog Inc SAL.

DEBTOR

First Name		Date		
Last Name		Signature of the Debtor		
Telephone				
Fax				
Building			Floor:	
Street				

BANK HOLDING THE ACCOUNT OF THE DEBTOR

Bank		Approval and stamp of the Bank holding the account
Branch		
Account of the Debtor Information		
Account Name		
IBAN Number		