

### AUFTRAGGEBER - ORDINANTE

Name  
*Nome* .....

Konto-Nr.  
*N. conto* ..... / ..... / .....

Bankleitzahl (IBAN) Begünstigter  
*Coordinate bancarie (IBAN) beneficiario*

Land-Paese    CIN-EU    CIN    ABI    CAB

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Empfängerbank  
*Banca beneficiario*                      **Raiffeisenkasse Bruneck**

**Betrag in Buchstaben**  
**Importo in lettere**                      **Zwanzig Euro**

Zahlungsgrund - *Causale*

**Mitgliedsbeitrag 2018**

### BEGÜNSTIGTER - BENEFICIARIO

Name  
*Nome*                      **VITAMIN F ASV - Feestyle Club**

Straße  
*Via*                        **In Der Sandrube 60**

PLZ / Ort  
*CAP / Luogo*            **39031 Bruneck/Reischach**

Kontonummer - *numero c/c*

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Durchführen am  
*Effettuare in data* ..... / ..... / .....

**Betrag**  
**Importo Euro**                                      **20,00.-**

Unterschrift  
*Firma* .....