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| **Vzpostavitev** 🗹  **Sprememba** 🞎  **Ukinitev** 🞎 |  | | **SOGLASJE za SEPA direktno obremenitev**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referenčna oznaka soglasja - izpolni prejemnik plačila | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S podpisom tega obrazca pooblaščate (A) OŠ Škofja Loka-Mesto***,***  da posreduje navodila vašemu ponudniku plačilnih storitev za obremenitev vašega plačilnega računa in (B) vašega ponudnika plačilnih storitev, da obremeni vaš plačilni račun v skladu z navodili, ki jih posreduje OŠ Škofja Loka-Mesto. Vaše pravice obsegajo tudi pravico do povračila denarnih sredstev s strani vašega ponudnika plačilnih storitev v skladu s splošnimi pogoji vašega ponudnika plačilnih storitev. Povračilo denarnih sredstev je potrebno terjati v roku 8 tednov, ki prične teči od dne, ko je bil obremenjen vaš plačilni račun. Prosimo izpolnite polja, označena z \*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ime in priimek učenca:  Vaše ime in priimek (plačnika): |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vaš naslov\* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Ulica in hišna številka/sedež*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Poštna številka in kraj*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Država* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Št. vašega pl.računa\*\* | Številka plačilnega računa – IBAN: | | | **S** | **I** | **5** | | **6** |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  |  |
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| Odprt pri banki/Identifikacijska oznaka banke (SWIFT BIC): | | | | | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |
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| Naziv prejemnika plačila\*\* | ***OŠ ŠKOFJA LOKA-MESTO***  Naziv prejemnika plačila  ***SI96ZZZ2492139.***  Identifikacijska oznaka prejemnika plačila  ***Šolska ulica 1***  Ulica in hišna številka/sedež  ***4220 Škofja Loka***  Poštna številka in kraj  **SLOVENIJA**  Država | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vrsta plačila\* | Period. Obremenitev 🗹 ali Enkratna obremenitev 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kraj podpisa soglasja | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Kraj Datum\*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Podpis  Prosimo podpišite tukaj\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opomba: vaše pravice v zvezi z zgornjim soglasjem so navedene v splošnih pogojih poslovanja, ki jih lahko dobite pri vašem ponudniku plačilnih storitev. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prosimo vrnite na naslov:  ***OŠ ŠKOFJA LOKA-MESTO***  ***Šolska ulica 1***  **4220 ŠKOFJA LOKA** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |