

UNIVERSITÀ DEGLI STUDI DI GENOVA

PAYMENT TRANSFER REQUEST FORM WITH CURRENT ACCOUNT DETAILS

stipendidocenti@unige.it

To the Personnel Salaries and Emoluments Service
of the University of Genoa

The undersigned _____ matriculation number _____
born on _____ in _____
(Prov. _____) currently in service at
Centre/Department/Area _____ School (Scuola) _____
requests their payment be made to their bank account (see details below)

NAME OF BANK _____	BRANCH _____
ADDRESS OF BANK _____	POSTCODE _____
CITY _____	PROVINCE _____

INTERNATIONAL BANK ACCOUNTING NUMBER (IBAN)

Country code	Check digits	Bank identifier	Branch identifier	Current account

Notes: country code: 4 digits; check digits: 1 digit; bank identifier: 5 digits; Branch identifier: 5 digits;
current account: 12 digits (all preceded by zeros to the left if necessary)

In case of international bank transfers € 3.25 will be withheld for banks within the euro zone. For those banks outside the euro zone, deductions will be made pursuant to international agreements.

Date _____

Signature _____