

WYŻSZA SZKOŁA EKOLOGII I ZARZĄDZANIA

**W WARSZAWIE**

*00 – 792 warszawa, ul. Olszewska 12, tel. (22) 825-80-32/33, fax (22) 825-80-31*

[*rektorat@wseiz.pl*](mailto:rektorat@wseiz.pl)*;* [*www.wseiz.pl*](http://www.wseiz.pl)

**STATEMENT CONCERNING PAYMENT OF ERASMUS+ PROGRAMME SCHOLARSHIP**

|  |  |
| --- | --- |
| **Name and surname:** |  |
| **Album number:** |  |
| **Address:** |  |
| **Phone:** |  |
| **E-mail:** |  |

I hereby declare that I agree for the Erasmus Programme grant payments to be transferred via bank transfers to the bank account mentioned below:

|  |  |
| --- | --- |
| **Bank name:** |  |
| **Bank address:** |  |
| **Bank country:** |  |
| **SWIFT/BIC Code** |  |
| **Owner of the bank account:** |  |
| **Address of the bank account’s owner mentioned in the agreement with the bank:** |  |
| **Full bank account number (IBAN format):** |  |
| **Currency** |  |

I hereby undertake to inform, without delay, the WSEiZ Accountancy Office and the Institutional Erasmus+ Programme Coordinator about the change or closure of the above mentioned bank account during the term of the grant agreement for Erasmus+ Programme. In case of failure to comply with the above obligation, I will pay all costs associated with any transfers to the above account.

Warsaw, date ……………………………. …………………………………………………

*Place and date Student’s signature*