

## AUTHORIZATION

To:

### RESEARCH COMMITTEE OF ARISTOTLE UNIVERSITY OF THESSALONIKI (R.C.-AUTH)

The undersigned ..... I.D....., Date of issue.....,  
Authority..... and Passport Number or V.A.T. Number.....  
I provide authorization to R.C.-AUTH in order to credit the financial claims of which I am entitled, in my savings  
[account number/IBAN:.....]  
[swift code\*:.....]  
[bank name:.....]  
[account holder: .....].

Also, I accept receiving information related to my payment, or other relevant information in the following e-mail account

E-mail account:	
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*\*only in cases of bank accounts abroad*

Thessaloniki \_\_\_\_\_

The undersigned

\_\_\_\_\_  
(Signature)

Please, deliver this application form to Human Resources Department, (K.E.D.E.A.) Building, 1st Floor, Office 101