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Voluntary Payment

Accident insurance

Please enter NAME SURNAME, PERSONAL ID, MOBILE PHONE and EMAIL of the insured person in the form below to make the payment.

If the insured person has not an Italian PERSONAL ID ("CODICE FISCALE") please activate the Anonymous option.

All other fields are optional, with the exception of those already containing pre-entered values (which are not editable).

WARNING: after the form is filled, you can pay until the expiry date shown in the payment notice. Otherwise it is necessary to fill again the form and create a new payment notice.

Personal data is shared with CINECA PagoAtenei system in order to allow users to make electronic payments to the University through the PagoPA circuit.

All personal data is dealt in compliance with G.D.P.R. (General Data Protection Regulation) nr. 2016/679 (E.U.).

Business name/Name Surname*		Italian Personal ID / VAT N	<input type="checkbox"/> Anonymous
Nation	District	City	
Address	Street number	Zip code	
Email*	Phone	Mobile phone*	
Payment Reason*	Reason*		
AG01 - Accident insurance	Quota Assicurazione Infortuni		
Amount*	6,5 €	I have read and agree:	
		<input type="checkbox"/> Privacy statement	
Print Payment slip		Start online payment	