

SEPA Direct Debit Mandate

By signing this mandate form, you authorise

_____ to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from _____.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

I agree with shortening the time-limit, in which I have to be informed on a due payment, to one day before due date.

Please complete all the fields marked with*:

Your name – Name of the debtor(s)* :	
<input type="text"/>	
Your address - Street name and number*:	
<input type="text"/>	
Postal Code*:	City*:
<input type="text"/>	<input type="text"/>
Country*:	
<input type="text"/>	
Your account number – Account number – IBAN*:	
<input type="text"/>	
SWIFT BIC*:	
<input type="text"/>	
Creditor's name:	
<input type="text"/>	
Creditor identifier:	
<input type="text"/>	
Street name and number:	
<input type="text"/>	
Postal code:	City:
<input type="text"/>	<input type="text"/>
Country:	
<input type="text"/>	
Type of payment:	
<input type="text"/>	
Date*:	Location*:
<input type="text"/>	<input type="text"/>
Signature(s) – Please sign here*:	
<input type="text"/>	

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Details regarding the underlying relationship between the Creditor and the Debtor – for information purposes only:

Debtor identification code:
Name of the Debtor Reference Party:
Name of the Creditor Reference Party:
Basis of claim:

Attention!

- The SEPA Direct Debit Mandate is only accepted if you fill in all mandatory fields (marked with *) and if the SEPA Direct Debit Mandate is signed by the debtor.
- Please sign the SEPA Direct Debit Mandate and send **the original** back to the creditor. You can not send the mandate by use of fax or email.

Return to:

Buchhaltung: