

SEPA direct debit mandate for SEPA core direct debits

To

Name and address of payee

Creditor identifier ¹ (of payee)

Mandate reference (maximum length: 35 characters)

- Mandate for a one-off payment
- Mandate for recurrent payments

SEPA direct debit mandate:

By signing this mandate form, you authorise

(A) _____ to send instructions to your payment service provider to debit your account and
[name of the Payee]

(B) your payment service provider to debit your account in accordance with the instructions from _____ .
[name of the Payee]

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

(Copy for payee)

Name of payer's payment service provider	BIC ²
	_____ _____
IBAN ³	
_____ _____ _____ _____ _____ _____	

.....
 Place, date, signature(s) of payer(s)

Name and address of payer(s)

Space for any other information provided by payer

¹Where payees are resident in Germany, their creditor identifier is assigned by the Deutsche Bundesbank (see <http://gläubiger-id.bundesbank.de>)

²Bank Identifier Code

³International Bank Account Number

SEPA direct debit mandate for SEPA core direct debits

To

Name and address of payee	Creditor identifier ¹ (of payee)
	Mandate reference (maximum length: 35 characters)

Mandate for a one-off payment
 Mandate for recurrent payments

SEPA direct debit mandate:

By signing this mandate form, you authorise

(A) _____ to send instructions to your payment service provider to debit your account and
[name of the Payee]

(B) your payment service provider to debit your account in accordance with the instructions from _____ .
[name of the Payee]

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

(Copy for payer)

Name of payer's payment service provider	BIC ²
	_____ _____
IBAN ³	
_____ _____ _____ _____ _____ _____	

.....
 Place, date, signature(s) of payer(s)

Name and address of payer(s)

Space for any other information provided by payer

¹Where payees are resident in Germany, their creditor identifier is assigned by the Deutsche Bundesbank (see <http://glaeubiger-id.bundesbank.de>)

²Bank Identifier Code

³International Bank Account Number