

To give a SEPA direct debit mandate

devout-identification number off the Stadt Zehdenick : DE45 ZEH 000 000 91 018

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 Stadt Zehdenick, Falkenthaler Chaussee 1, 16792 Zehdenick.

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.

If the account does not have sufficient funds, the custodian financial institutions is not obligated to pay. **I know that the debit immediately is cleared at a chargeback. Charges for chargebacks must be refunded by me.** A separate message will not be sent.

I agree that the given current account can also be used for refunds.

| | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Person number (cash reference) | |
| Name of the payer | Name of the account owner (if different) |
| Street and house number (account owner) | |
| Postcode and location (account owner) | |
| Zahlungsart Recurring payment | |
| IBAN | |
| BIC / SWIFT BIC | |
| The following claims should be recovered: <input type="checkbox"/> all claims <input type="checkbox"/> only these claims: | |
| Phone number and/ or e-mail address for questions | |
| notes (e. g. change of bank account) | |
| Date/ location | |
| Signature (account owner) | |

Please submit this form in the **original**. Otherwise it is not possible to set up the mandate. Before the first direct debit collection, the Stadt Zehdenick will inform you of the amount and timing of the debt collection and will inform you of your mandate number.

