|  |  |  |
| --- | --- | --- |
| Max MustermannMusterstraße 246020 Musterort |  | *Creditor identifier to be completed by the creditor* |
|  |  |
|  | *Mandate reference to be completed by the creditor* |
|  |  |

*By signing this mandate form, you authorise the creditor*

|  |
| --- |
| ***Creditorfirma GmbH, Adresse……*** |

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

*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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Payment method:*  |  | *Recurrent* |  | *One-off*  |
|  |
|

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| --- |
| *Name of the debtor*  |
| *Your address*  |
| *Postal code, City* |
| *Name of Bank* | *BIC* |
| *IBAN* |
| *Location and date*  |
| *Signature(s) from Customer* |  |

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