|  |  |  |
| --- | --- | --- |
| Max Mustermann  Musterstraße 24  6020 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* |
|  | | | | | |
| |  |  |  | | --- | --- | --- | | *Name of the debtor* | | | | *Your address* | | | | *Postal code, City* | | | | *Name of Bank* | | *BIC* | | *IBAN* | | | | *Location and date* | | | | *Signature(s) from Customer* |  | | | | | | | |