

# SEPA direct debit mandate

Deutsche Post   
ANTWORT

SBK

80227 München

\_\_\_\_\_  
Company number

\_\_\_\_\_  
Company name

Creditor-ID **DE 65 ZZZ 000 000 319 73**

I authorise SBK to collect outstanding payments from my account by means of direct debit. I additionally instruct my bank to honour direct debits drawn from my account by SBK. I can request reimbursement of the debited amount within eight weeks of the debit date. The terms and conditions of my financial institution apply.

## Start of direct debit\*

\*From contribution month

**In addition to the ongoing contributions, any outstanding amounts should also be debited.**

**In addition to the ongoing contributions, any agreed instalments amounts should also be debited.**

\_\_\_\_\_  
Account holder

\_\_\_\_\_  
Bank

IBAN

BIC

## Contact person at employer

\_\_\_\_\_  
First name Surname

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Company stamp, Signature  
Account holder/authorised agent

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Place, date

**SBK employer fax: 0800 0 725 725 999 8** (free of charge within Germany)