

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

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Format DD.MM.YY

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)