SEPA Direct Debit Mandate

valid from: _____

Please return to: VielfaltMenü GmbH, Str. zur Internationalen Schule 33, 65931 Frankfurt KST: 3192

Payment recipient:

Name:	**VielfaltMenü GmbH**
Street and number:	Oberlandstr. 13-14
Postal code and city/town:	12099 Berlin
Creditor Identifier:	DE56ZZZ00000089753
Mandate reference:	will be notified separately

NOTE
SEPA Direct Debit Mandate is valid only in the original by post!

Payer (account holder):	Name of meal participant:
First name(s) and surname:	
Street and number:	Name of the school/facility:
Postal code and city/town:	

Direct debit authorisation:

I hereby irrevocably authorise the aforementioned payment recipient to collect the payments I owe when due by direct debit from my bank account.

SEPA Direct Debit Mandate:

I hereby authorise the aforementioned payment recipient to collect payments from my bank account by direct debit At the same time, I instruct my bank to honour direct debits charged by the aforementioned payment recipient to my bank account.

Note: I can demand reimbursement of the debited amount within eight weeks commencing with the debit date. The terms and conditions agreed with my bank shall apply.

IBAN of the payer:

DE _

BIC (8 or 11 characters): **Name of the bank:**

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If different from the account holder issuing this SEPA direct debit mandate, the following information must also be provided:

Name, first name(s) of the parent/guardian:

Street, post code, city/town of the parent/guardian:

City/town **Date (DD/MM/YYYY):**

Signature(s) of the payer (account holder):

Mandate is only valid with city/town, date and signature!