

# Issuance of a direct debit authorization and a SEPA direct debit mandate

## Details of the payee (creditor)

Name of the payee

Address of the payee:

Street and house number

Postal code

City

Creditor ID

## Details of the payer

Name of the payer

Address of the payer:

Street and house number

Postal code

City

Mandate reference number of the payer

## Direct debit authorization

I / We revocably authorize the payee (name see above) to collect the payments to be made by me / us from my / our account by direct debit when due.

IBAN of the payer

BIC of the payer\*

\* The specification of a BIC is not mandatory and is purely optional.

## SEPA direct debit mandate

I / We authorize (A) the payee (name see above) to collect payments from my / our account by direct debit. At the same time (B) I / we instruct our credit institution to honor the direct debits drawn on my / our account by the payee (name see above).

Note: I / We can demand reimbursement of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with my / our credit institution apply.

## Payment mode

Recurring payment

Single payment

Place and date

Signature of the payer

Before the first collection of a SEPA direct debit, the payee (name see above) will inform me / us about the collection in this procedure type.



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