SEPA CORE DIRECT DEBIT MANDATE

(See reverse for notes on completing this form)

Mandate for recurrent payme	Please quote on all enquiries or payments				
☐ Mandate for one-off payments (please select one type of payment)	s (1.2)		on numbe	r:	
Unique Mandate Reference: - to be completed by the Stadtkasse (City Treasury) -					
Creditor identifier: Creditor's name:	Stadtka Kohlwa	ZZZOOO sse der Land agstraße 4 (H Saarbrücken,	eshauptsta Iaus Berlin	dt Saarbrück	en
3. Reason for payment:					
☐ Property tax ☐ Tax on se ☐ Trade tax ☐ Music Aca ☐ Dog tax ☐ Rentals/le ☐ Entertainment tax ☐ Ground re	ademy fees [ease payments [☐ School follov☐ Parental con☐ Food allowar☐ Nursing fees	tribution nce	☐ Fine (nistration fees (one-off)
By signing this mandate form, you auth the State Capital Saarbrücken) to send account in accordance with the instruct rights, you are entitled to a refund from A refund must be claimed within 8 week The direct debit pre-notification period is You are required to inform the Stadtkas debit authorisation at least two weeks be (e.g. chargeback costs) shall be borne be Name and address of accounts.	instructions to you ions from the Stace your bank under as starting from the sereduced to 7 cales in writing of an efore the due date by you if you can be	r bank to debit dtkasse der La the terms and e date on which endar days. Y changes to to a chown to be	your account of the account of associated versions of the account of associated versponsible	nt and (B) you adt Saarbrück f your agreem nt was debited details or cance with using the	or bank to debit your ken. As part of your nent with your bank.d. ellation of the direct direct debit scheme
Family/first name:	(), ()			(to be comple	ted by the Stadtkasse)
Street name and number:				GP:	
Postcode/Town or city:				Deviating GP:	
5. Account number:	I I I I I I I I I I I I I I I I I I I				I
6. Only to be completed if you are	e making paymen	nt on behalf o	Name of bank f another p		
De	btor's family/first name				
Voluntary information: By signing this mandate form, you agree th Stadtkasse for the purp0ses of this agreemen		by you on a vo	oluntary basis	may be stored	and processed by the
Telephone no. in case of	of queries		Date	of birth	
email address					
- Please complete a	nd sign the form ar	nd <u>return the o</u>	riginal to the	e Stadtkasse -	
Place. date		Signature of	account hold	der(s). compa	nv stamp

Notes on completing a SEPA Core Direct Debit Mandate

1. Type of payment

- Please tick if the debt has <u>recurrent</u> due dates (e.g. monthly, quarterly, half-yearly) and you would therefore like <u>regular</u> payments to be debited from your account by SEPA Core Direct Debit.
- Please tick if you are making a <u>one-off</u> debt payment only and would like this to be debited from your account by SEPA Core Direct Debit.

Transaction number

Please enter the transaction number that appears on your notice, invoice or contract if it has not already been automatically predefined.

If you wish to set up a direct debit for several transaction numbers and there is not sufficient space available, please list these on a separate sheet and attach it to this form. A separate mandate will then be issued for each transaction number.

Reason for payment

Please tick the nature of debt concerned.

Name and address of account holder(s)

Please state the exact name or names the account is held in. If the account is held in more than one name, for example in the case of married couples, joint beneficiaries, homeowners associations, etc., all names must be listed.

5. Account number

You can find the IBAN (International Bank Account Number) and the BIC (Bank Identifier Code) on your bank card or account statement. Please also remember to state the name of your bank.

Payments on behalf of third parties (deviating debtor)

If your account is to be debited and you are not the invoice recipient, benefit recipient or contracting party, you should enter the name of the person on whose behalf payment is being made.



Don't forget !!!

Place, date and signature(s)

Return the SEPA Core Direct Debit Mandate only <u>in the original</u>, not by fax or email