

SEPA direct debit mandate

For settlement of the invoices from:

Zwergenküche Leipzig GmbH
Brockhausstrasse 30 A
04229 Leipzig



SEPA direct debit mandate

Creditor identifier: **DE85ZZZ00000511084**

Mandate reference

I give my permission to Zwergenküche Leipzig GmbH to debit payments via SEPA direct debit from my bank account.

At the same time, I authorise my bank to process (cash in) debit notes from Zwergenküche Leipzig GmbH.

Note: Within 8 weeks from the debit date, I am able to reverse any direct debit payment.

I commit to keep my account in good standing and to ensure that sufficient funds are available to cover invoices. I understand that I must bear the full costs of debit requests returned for insufficient funds or for payment reversals initiated by me as well as a processing fee of up to € 6.90

Name of child _____

Institution Early Childhood Centre
Karl-Heine-Str. 95
04229 Leipzig

Name of account holder _____

Name of Bank _____

Email address _____

IBAN _____

BIC _____

SEPA mandate given:

Place, Date _____

Account Holder Signature _____

If you wish to retain a copy of the form, we would kindly ask you produce a copy for yourself before submitting the form. Thank you for your understanding.