SEPA CORE DIRECT DEBIT MANDATE

(See reverse for notes on completing this form)

☐ Mandate for recurrent payments	Please quote on all enquiries or payments
☐ Mandate for one-off payments (1.2)	Transaction number:
(please select <u>one</u> type of payment)	Transaction frameer
Unique Mandate Reference: - to be completed by the Stadtkasse (City Treasury) -	
Creditor identifier:	DE68ZZZ00000023965
Creditor's name:	Stadtkasse der Landeshauptstadt Saarbrücken Kohlwaagstraße 4 (Haus Berlin)
66111 Saarbrücken, Germany	
3. Reason for payment:	
☐ Property tax ☐ Tax on second hor	me □ School follow-up support □ Administration fees
☐ Trade tax ☐ Music Academy fee	
☐ Dog tax ☐ Rentals/lease payr	
☐ Entertainment tax ☐ Ground rent	☐ Nursing fees ☐
By signing this mandate form, you authorise (A) the Stadtkasse der Landeshauptstadt Saarbrücken (City Treasury of the State Capital Saarbrücken) to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Stadtkasse der Landeshauptstadt Saarbrücken. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. The direct debit pre-notification period is reduced to 7 calendar days. You are required to inform the Stadtkasse in writing of any changes to the account details or cancellation of the direct debit authorisation at least two weeks before the due date. Any charges associated with using the direct debit scheme (e.g. chargeback costs) shall be borne by you if you can be shown to be responsible for their occurrence.	
Family/first name:	(to be completed by the Stadtkasse)
Street name and number:	GP:
Postcode/Town or city:	Deviating GP:
5. Account number:	
IBAN	
BIC Name of bank	
6. Only to be completed if you are making payment on behalf of another person:	
Debtor's family	y/first name
Voluntary information: By signing this mandate form, you agree that the dat Stadtkasse for the purp0ses of this agreement.	ta provided by you on a voluntary basis may be stored and processed by the
Telephone no. in case of queries	Date of birth
email address	
- Please complete and sign the form and <u>return the original</u> to the Stadtkasse -	
Place. date	Signature of account holder(s). company 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.

2. 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.

A. 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