

Direct debit

Verband der Züchter des Holsteiner Pferdes e.V.
 Steenbeker Weg 151, D-24106 Kiel
 phone: 0049-431-3059960
 fax: 0049-431-336142

Internet: www.holsteiner-verband.de
 E-mail: mueller@lkv-sh.de

I/we hereby give a mandate for collection of SEPA direct debits.

Recipient of payment:	Verband der Züchter des Holsteiner Pferdes e.V. Steenbeker Weg 151, 24106 Kiel Holsteiner Verband Creditor ID: DE85ZZZ00001838723 Mandate reference number: The mandate reference number corresponds to the member number of the Holsteiner Verband. This is stated on the invoices. For erroneous or incomplete bank details we need to provide additional bank fees.
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Account holder:	Surname: _____ first name: _____ Street/No.: _____ ZIP code/city name: _____ IBAN (22 digits) ----- BIC (11 digits) ----- Name of the bank: _____
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Mandate for collection of SEPA direct debits:	<p>I/we authorize the Holsteiner Verband e.V. to collect payments/invoices from the aforementioned account by direct debit. At the same time I/we authorise my/our financial institution to pay direct debits drawn on my/our account by the Holsteiner Verband e.V..</p> <p>The SEPA - direct debits of the Holsteiner Verband e.V. will be identified by the creditor identifier and the mandate reference number corresponding to the member number.</p> <p>Note: I/we can refund the debited amount within eight weeks, beginning with the loading date under the terms and conditions of my/our agreement with my/our bank.</p>
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X

 Location, date

X

 Signature of the account holder