

## SEPA Direct Debit Mandate

[Association name]  
[Association address]  
[Association Creditor Identifier]

[Member's mandate reference]

### SEPA Direct Debit Mandate

I authorize [Association] to collect payments from my account by direct debit. At the same time, I instruct my bank to debit my account in accordance with [Association]'s instructions.

**Note:** I can request a refund of the debited amount within eight weeks starting from the debit date. The conditions agreed with my bank shall always apply.

[Member's first name and surname]  
[Member's address]  
[Member's bank: Name and BIC]  
[Member's IBAN]  
[Date and place]  
[Member's signature]