

SEPA-Direct Debit Mandate

Please send us the signed and stamped form by mail. For faster processing, you can send us the form by fax or e-mail. Our fax no.: +49 (0)40 / 2190129 -15

Gläubiger-Identifikationsnummer: DE86ZZZ00000035766

Mandatsreferenz: (gleich wie Ihre Kundennummer)

I/We authorize BaRo GmbH to collect payments from my/our account by direct debit. At the same time, I/we instruct my/our credit institution to honor the direct debits drawn on my/our account by BaRo GmbH.

payment method: recurring payment one-time payment

Note: I can request a refund of the amount charged within eight weeks of the debit date. The general terms and conditions agreed with my bank apply.

BANK institute _____

SWIFT/BIC _____ IBAN _____

I/We agree to the reduction of the prenotification period to up to one day.

Customer information

Company

Street

Zip code and city

Customer number (if available)

VAT ID No.

Tax number

City, date and company stamp

Signature(s) of the payer(s)