



SEPA direct debit mandate for recurring payments

Company (only for company membership)

Last name

First name

Name of account holder (if different):

I / We authorize the Friends Association International School Bayreuth e. V. to collect payments from my / our account by direct debit. At the same time, I / we instruct our credit institution to honor the direct debits drawn on my / our account by the Friends Association International School Bayreuth e. V.

Name of account holder (if different):

IBAN:

BIC:

Notice:

I / We may demand reimbursement of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with my / our credit institution apply.

Place, date

Signature account holder