Debtor name: _____
Debtor address: _____
Fon: _____

Creditor`s name & address

Stadt Cottbus/Chóśebuz
FB Finanzmanagement
Stadtkasse
Neumarkt 5
03046 Cottbus
Deutschland

Creditor identifier:
DE72CBS00000039995

SEPA-Direct Debit Mandate

By signing this mandate form, you authorise the creditor >Stadt Cottbus/Chóśebuz< to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from the creditor >Stadt Cottbus/Chóśebuz<.

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.

Type of payment:

☐ One-off payment ☐ Recurrent payment

Mandate reference**:** _____
(to be completed by the creditor)

Name of the requirement: _____

IBAN oft the debtor (max.35 characters): _____

BIC (8 or 11 characters): _____

Debtor name: _____

Debtor address: _____

_____

Location, Date (dd/MM/yyyy): _____

Signature(s) oft the debtor: _____

Original mandate with a handwritten signature, please send it to the city of Cottbus (no fax, no e-mail)