|  |  |
| --- | --- |
| Debtor name: | Click here to enter text |
| Debtor address: | Click here to enter text |
| Fon: | Click here to enter text |

**Creditor`s name & address**

|  |  |
| --- | --- |
| Stadt Cottbus | **Creditor identifier:** |
| FB Finanzmanagement | **DE72CBS00000039995** |

Stadtkasse

Neumarkt 5

03046 Cottbus

Deutschland

**SEPA-Direct Debit Mandate**

By signing this mandate form, you authorise the creditor >Stadt Cottbus< 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<.

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**:** | Click here to enter text | |
| (to be completed by the creditor) | |  |
| **Name of the requirement:** | Click here to enter text | |
|  | |  |
| **IBAN oft the debtor (max.35 characters):** | | Click here to enter text |
| **BIC (8 or 11 characters):** | | Click here to enter text |

|  |  |  |
| --- | --- | --- |
| **Debtor name:** | Click here to enter name | |
| **Debtor address:** | Click here to enter street | |
|  | Click here to enter place of residence | |
|  | Click here to enter home country | |
|  | Click here to enter text | |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Location, Date (dd/MM/yyyy):** | | Click here to enter place of residenceand date |

**Signature(s) oft the debtor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_