



Direct Debit Mandate "SEPA – Lastschriftmandat"

Yes, I would like to support Wächterruf e.V. (creditor-identifier DE69WRD00000990164) and authorise a direct debit mandate (German "SEPA-Lastschriftmandat").

Full name of account owner

Street and House No.

ZIP code and City (and Country if outside of Germany)

Bank Institute (Name and BIC)

IBAN

Reference: 2022-Sp-PersNo.

Frequency of debits one time donation or
 monthly
 once per quarter
 yearly

Following amount (in Euro):

_____ €

I authorize (We authorize) Wächterruf e.V. to collect payments from my (our) account by direct debit. At the same time, I (we) instruct my (our) credit institute to honor the direct debits drawn on my (our) account by Wächterruf e.V..

Note: I (we) can demand reimbursement of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with my (our) credit institute apply.

Date, City and Signature