**SEPA Direct Debit Core Mandate**

Creditor’s Name

Creditor´s Name

Street

Postal Code/City

Country

|  |  |
| --- | --- |
| *Creditor identifier* | Creditor-ID |
|  |  |
| *Mandate reference – to be completed by the creditor* | Mandate reference |

One-off payment:

Recurrent payment:

|  |  |
| --- | --- |
| By signing this mandate form, you authorise NAME OF THE CREDITOR to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from NAME OF THE CREDITOR.  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. | |
| **Please complete all the fields:** | |
| Name of the debtor |  |
|  | *Name and first name* |
| Address |  |
|  | *Street name and number* |
|  |  |
|  | *Postal code and City* |
| Bank Identifier Code |  |
|  | *BIC/SWIFT (Bank Identifier Code)* |
| International Bank Account Number |  |
|  | *IBAN (International Bank Account Number)* |
|  |  |
|  |  |
|  |  |
| Location and date  Signature(s) |  |

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