

SEPA direct debit mandate

Creditor ID number: DE26ZZZ00000061387

Mandate reference number: _____

I/we hereby authorise Alphabet Fuhrparkmanagement GmbH to debit

- one-off payment
- recurring payment

By signing this mandate form, you authorise Alphabet Fuhrparkmanagement GmbH to send instructions to your bank to debit your account in accordance with the instructions from Alphabet Fuhrparkmanagement GmbH.

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.

First name and surname (account holder/company name)

Street name and house number

Postcode and town/city

Country

Name of financial institution

/ ____ - ____ - ____ - ____ / ____ - ____
SWIFT BIC

IBAN ____ - ____ / ____ - ____ - ____ / ____ - ____ - ____ / ____ - ____ - ____

Place, date and signature

Company stamp

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.