

## **SEPA Direct Debit Core mandate (for retail customers)**

Dear Customer,

Thank you for taking advantage of the SEPA Direct Debit option.  
Before completing the form, please ensure that you have selected the right form (either B2B or retail client).

Please ensure that all of your information is entered in the form! Please use your customer number as the mandate reference. Of course, your information will be treated in confidence!

Unfortunately, we are not able to accept incomplete SEPA mandates.

Please send the signed original copy of the SEPA Direct Debit Core mandate to the following address:

AWV Dr. Busse GmbH  
Financial Accounting  
Jößnitzer Str. 113  
08525 Plauen

We look forward to working with you, and thank you for your cooperation.

Do not hesitate to contact us if you have any questions regarding the Direct Debit authorisation.

Sincerely,

AWV Dr. Busse GmbH  
Accounting Department

# SEPA Direct Debit Core Mandate

Financial accounting

Payee:

AWV Dr. Busse GmbH  
Jößnitzer Str. 113  
08525 Plauen  
Germany

Payer:

I/We hereby authorise the above payee to withdraw payments from my/our account by way of direct debit transactions. At the same time, I/we instruct my/our bank to cash direct debit transactions that are drawn from my/our account by the aforementioned payee.

Payment type:                       Recurring payment                       One-time payment

Please note: I/We may request a refund of the debited amount within a period of eight weeks, beginning on the date on which the amount was debited. The terms that have been agreed with my/our bank shall apply.

Creditor ID number:                      [DE16ZZZ00000375556](#)

Mandate reference:

\_\_\_\_\_  
Surname, first name (account holder)

\_\_\_\_\_  
Name of bank

\_\_\_\_\_  
Street address

\_\_\_\_\_  
BIC

\_\_\_\_\_  
Post code and town

\_\_\_\_\_  
IBAN

\_\_\_\_\_  
Country

\_\_\_\_\_  
e-mail address (to send out pre-notifications)

I/We agree that the pre-notification period may be reduced to one day.

.....  
Place

.....  
Date

.....  
Signature