

AGROLAB LUFA GmbH

Dr.-Hell-Str. 6, 24107 Kiel, Germany
Tel.: +49 431 1228-0, Fax: +49 431 1228-498
lufa@agrolab.de www.agrolab.de



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:

AGROLAB LUFA GmbH
c/o Agrolab GmbH
Jenaer Str. 1
84034 Landshut

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 authorization.

Sincerely

AGROLAB LUFA GmbH
Accounting Department

AGROLAB LUFA GmbH

Dr.-Hell-Str. 6, 24107 Kiel, Germany
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SEPA corporate direct debit mandate

Financial Accounting

Payee:

AGROLAB LUFA GmbH
Dr.-Hell-Str. 6
24107 Kiel
Deutschland

Payer:

I/We hereby authorize 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: **DE57ZZZ00000375982**

Mandate reference:

_____	_____
Name of company (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

