Tax office	Creditor identifier	Only for	
	DE92LFK00000034688	Rheinland-Pfalz	
_			
SEPA Direct Debit Mandate			
By signing this mandate form, you authorise the co		ructions to your bank to debit your account	
and your bank to debit your account in accordance As part of your rights, you are entitled to a refund fr	om your bank under the terms and condition		
refund must be claimed within 8 weeks starting fror	n the date on which your account was debit	ted.	
Account holder			
Name			
Street name and number			
Postal code Town or city			
Country			
IBAN (International Bank Account Number)	No savings accounts, please		
BIC (Business Identifier Code)	Name of bank		
		D D M M Y Y Y	
Signed in (town or city)		Date of signature	
Signature(s) of account holder(s)			
oignature(s) of account notice(s)			
Participants in the SEPA direct debit s	scheme are required to agree to	the following and provide the	
following information:		the new months debited Dre netification in	
<ul> <li>To facilitate payment transactions, the applicabenot necessary for payments debited on the bas</li> </ul>		the payment is debited. Pre-notification is	
The mandate reference number will be provide	d in the tax assessment notice, a separate	letter and/or a bank statement.	
Tax number			
If different from account holder details provided	above:		
Name of taxpayer(s)			
☐ This direct debit mandate is valid for all part	vments to be made under the above tax nu	mber.	
or			
This direct debit mandate is only valid for the including ancillary tax payments and follow		e above tax number,	
☐ Income/corporation tax	excluding final payments		
□ VAT □	excluding final payments		
□ Wages tax			
Income tax and amounts withheld under	er section 50a of the Income Tax Act		
Withholding tax on construction work			
The above account will also be used for tax refu	unds.		
Signature(s) of taxpayer(s) and, if different. of a	Signature(s) of taxpayer(s) and, if different, of account holder(s):		
	, ,		
	.,		