Direct debit authorization and SEPA
Basic direct debit mandate

Name of payee: **Gemeindewerke Enkenbach-Alsenborn**	The SEPA Basic direct debit mandate shall apply From: ……..
Address of payee Hauptstraße 18, 67677 Enkenbach-Alsenborn	
Creditor Identification number: **DE14ZZZ00002075614**	only for **the following charges**: **electricity**
Customer ID /Contract account number: ---	**Mandate reference number:** (filled in by payee)

SEPA direct debit mandate:

I / We authorize the payee Gemeindewerke Enkenbach-Alsenborn to collect payments from my/our account by direct debit. At the same time I / we instruct my / our financial institution to pay the direct debits drawn on my / our account by the payee Gemeindewerke Enkenbach-Alsenborn.

Note: I / We can request a refund of the debited amount within eight weeks, beginning on the date of the debit. The conditions agreed with my / our financial institution shall apply. I am aware that in case of dishonor the bank will collect reverse entry charges. These costs will be paid by me. In case of dishonor the direct debit authorization will expire.

Type of payment:

☐ Recurring payment ☐ One-time payment

Payer:	**Alternative account holder:**
Last and first name:	**Last and first name:**
Street address:	**Street address:**
ZIP code and town:	**ZIP code and town:**

IBAN of account holder (max. 22 digits):

| __ __ | __ __ | __ __ __ __ | __ __ __ __ __ __ __ __ __ __ __ __ __

BIC (8 or 11 digits):

__ __ __ __ | __ __ | __ __ | __ _ __

Name of financial institution:

City: **Date:**

Signature(s) of account holder: