Direct Debit Authorization

Creditor's name:

Die Maus Bremen

Creditor's address: Street name and number

Am Staatsarchiv 1

Postal code and city / Country

28203 Bremen / GERMANY
Creditor Identifier: D E 5 3 Z Z Z 0 0 0 0 5 1 7 7 1 Mandate reference (completed by the payee): M A U S _ _ _ (your membership number)
Instructions to be completed by the payer: By signing this form, I/we authorize (A) the creditor (Die Maus Bremen) to send instructions to my/our bank to debit my/our account and (B) my/our bank to debit my/our account per the instructions from the creditor. I am/we are entitled to a refund under the terms and conditions of my/our agreement with my/our bank. A refund must be claimed within 8 weeks starting from the date of the debit. Type of payment
☐ Recurrent Payment /☐ One-time payment
Payer/Account holder's name: Payer/Account holder's address (optional): Street name and number
City and postal code / Country IBAN of the payer's bank account (max. 35 characters) _ _ _ _ _ _ _ _ _
Location: Date (DD/MM/YYYY)
Signature(s) of Payer/Account holder: