SEPA Direct Debit Mandate

for recurring payments

(Employer)

Sächsische Ärzteversorgung
Einrichtung der Sächsischen Landesärztekammer
Körperschaft des öffentlichen Rechts

Sächsische Ärzteversorgung Institution of the Sächsische Landesärztekammer Dr.-Külz-Ring 10 01067 Dresden	

1. Employer details

Employer name	
Street, House number	
Postal code	City

2. Bank details

IBAN	
BIC* (*to be provided for international transfers)	
Bank	
Account holder	

3. Authorization

We authorize Sächsische Ärzteversorgung (SÄV) to collect the payments due from us by direct debit from our account as of _____. At the same time, we instruct our bank to honor the direct debits drawn on our account by Sächsische Ärzteversorgung.

Creditor Identifier:	DE31ZZZ00000383046		
Mandate reference:	AG-	Company number	Identifier* *assigned by SÄV

Note: We may request a refund of the debited amount within eight weeks, starting from the debit date. The terms and conditions agreed with our bank apply. Changes to the bank details must be notified in writing by the 15th day of the current month by submitting a new SEPA Direct Debit Mandate (receipt by Sächsische Ärzteversorgung). Changes received after that date can only be taken into account in the following month.

Place, date	Stamp / **Handwritten** signature of the account holder