

Granting a Direct Debit Authorization and SEPA Direct Debit Mandate

Name of Payment Recipient:

Nyingma Zentrum Deutschland e.V.

Address of Payment Recipient

Street and House Number:

Siebachstrasse 66

Postal Code and City:

50733 Cologne

Creditor Identification Number:

DE53ZZZ00000425524

Mandate Reference (to be filled by the Payment Recipient):

WPSCE102024

Direct Debit Authorization:

I/we authorize the Payment Recipient (name above) to collect payments due from my/our account by direct debit, with the option to revoke this authorization at any time.

SEPA Direct Debit Mandate:

(A) I/we authorize the Payment Recipient (name above) to collect payments from my/our account by direct debit. At the same time, (B) I/we instruct my/our bank to honor the direct debits drawn by the Payment Recipient (name above) on my/our account.

Note: I/we can request a refund of the debited amount within eight weeks, starting from the debit date, under the terms agreed with my/our bank.

Type of Payment:

Recurring Payment

Name of Debtor (Account Holder):

Address of Debtor (Account Holder)

Street and House Number:

Postal Code and City:

IBAN of Debtor (max. 22 characters):

BIC (8 or 11 characters):

Location:

Date (DD/MM/YYYY):

Signature(s) of Debtor (Account Holder):

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Before the first SEPA direct debit, the Payment Recipient (name above) will inform me/us of the upcoming direct debit under this procedure.