



Debitor-Identifier: DE71ZZZ00000112278

The individual reference number will be communicated separately by SchunterNet e. V.

**Banking information**

Bank name .....

BIC .....

IBAN .....

**Personal Information**

First name .....

Surname .....

Email address .....

Street and house number .....

Area code .....

City .....

Country .....

**Direct debit authorization**

Hereby I formally authorize SchunterNet e. V. to collect payments that are due from my account until I formally revoke this authorization. I will order my bank to accept the collection of payments from SchunterNet e. V.

Note: Within eight weeks after the collection of the payment I can request the reimbursment of the payment. For this the contract terms of my credit institute are important. Before the first payment will be collected from my account I will be informed by SchunterNet e. V. of this.

.....  
Location, date

.....  
signature