# SEPA Debit Mandate

Volkshochschule
Erlangen

**Assignation of a SEPA Debit Mandate**
**to the City of Erlangen, vhs**

Our creditor-identification number: **DE16VHS00000009478**

Your mandate reference will be added and provided separately by the City of Erlangen, vhs.

Hereby, I authorize the City of Erlangen, vhs to debit my account for course payments. I will inform my bank of the direct debit authorization given to the City of Erlangen, vhs.

Note:

Within 8 weeks as of the debiting date I am entitled to claim back the amount, referring to the rules and regulation of my bank.

_____
First and Last Name (Account Holder)

_____
Street, Number

_____
Postal Code and Place/City

_____
Bank (Name)

_____
Date of Birth

|___|___|___|___|___|___|___|___|___|___|___|
BIC

DE |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
IBAN

_____
Date and Signature

**Please, return the original to the vhs Erlangen:**
**Volkshochschule Erlangen | Friedrichstr. 19–21 | 91054 Erlangen**