

Dr. Blasy - Dr. Busse

Niederlassung der AGROLAB-Labor GmbH, Bruckberg
Moosstraße 6 a, 82279 Eching am Ammersee, Germany
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SEPA Direct Debit Core mandate (for retail customers)

Dear Customer,

Thank you for taking advantage of the SEPA Direct Debit option.
Before completing the form, please ensure that you have selected the right form (either B2B or retail client).

Please ensure that all of your information is entered in the form! Please use your customer number as the mandate reference. Of course, your information will be treated in confidence!

Unfortunately, we are not able to accept incomplete SEPA mandates.

Please send the signed original copy of the SEPA Direct Debit Core mandate to the following address:

Dr. Blasy – Dr. Busse
c/o Agrolab GmbH
Ms. Klingshirn
Dr.-Pauling-Str. 1
84079 Bruckberg

We look forward to working with you, and thank you for your cooperation.

Do not hesitate to contact us if you have any questions regarding the Direct Debit authorisation.

Sincerely,

Dr. Blasy – Dr. Busse
Accounting Department

SEPA Direct Debit Core Mandate

Financial accounting

Payee:

Dr. Blasy – Dr. Busse
Niederlassung der Agrolab Labor GmbH
Moosstraße 6 a
82279 Eching
Deutschland

Payer:

I/We hereby authorise the above payee to withdraw payments from my/our account by way of direct debit transactions. At the same time, I/we instruct my/our bank to cash direct debit transactions that are drawn from my/our account by the aforementioned payee.

Payment type: Recurring payment One-time payment

Please note: I/We may request a refund of the debited amount within a period of eight weeks, beginning on the date on which the amount was debited. The terms that have been agreed with my/our bank shall apply.

Creditor ID number: [DE73ZZZ00000375985](#)

Mandate reference: _____

Surname, first name (account holder)

Name of bank

Street address

BIC

Post code and town

IBAN

Country

e-mail address (to send out pre-notifications)

I/We agree that the pre-notification period may be reduced to one day.

.....
Place

.....
Date

.....
Signature