

Name of company: _____
 Street, house no.: _____
 Postcode, town/city: _____
 Company number: _____



SEPA Direct Debit Mandate

Please tick the appropriate box or fill in where necessary and do not forget to sign the form.

Creditor ID: **DE51TK10000031158**
 Mandate reference number: still to be submitted

By signing this mandate form, you authorise (A) Techniker Krankenkasse to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Techniker Krankenkasse.

Important: As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. You also agree to notify Techniker Krankenkasse when your mandate ends.

We request that contributions are debited from the following account:

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IBAN

Collection from

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Month Year

The company is the account holder yes no, the account holder is:

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Name of the different account holder

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Street, house no.

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Postcode Town/city

For foreign bank accounts only

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IBAN

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BIC

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Name of bank



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Town/city Day Month Year Account holder's signature

Your signature confirms that the information you have provided is correct. Please inform us about any changes as quickly as possible.

We require your personal information to complete our work for you correctly. The legal bases for this are Section 284 SGB V [German Social Code book V] and Section 94 SGB XI [German Social Code book XI].

Techniker Krankenkasse
20901 Hamburg

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