Company Name

Street, house no.

Postcode, City

Employer identification no.

Deutsche Post
ANTWORT
Techniker Krankenkasse
22790 Hamburg

SEPA Direct Debit Mandate for foreign bank accounts

Creditor Identifier: **DE51TK100000031158**
Mandate Reference: will be submitted later

By signing this mandate form, you authorise Techniker Krankenkasse to send instructions to your bank to debit your account. At the same time, you authorise your bank to debit your account in accordance with the instructions from Techniker Krankenkasse.

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

Begin direct debit Month Year

IBAN

BIC

Name of the bank

The company is the account holder: ☐ Yes ☐ No, the account holder is:

First name, surname or company

Street, house no.

Post code City

City _____ Date Day Month Year Signature of account holder _____

We require your personal information to complete our work for you properly. Section 284 German Social Security Code, Book V [SGB V], and Section 94 German Social Security Code, Book XI [SGB XI], constitute the legal basis.

W000921