Family name, first name: _____

Street, house no.: _____

Postcode, town/city: _____

Insurance 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: **DE51TK100000031158**
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.

I request that contributions are debited from the following account:

D E
IBAN

Collection from ____ ____
Month Year

I am the account holder ☐ yes ☐ no, the account holder is:

Name of the different account holder

Street, house no.

Postcode Town/city

For foreign bank accounts only

IBAN

BIC

Name of bank

505486238909

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 SGV XI [German Social Code book XI].

Techniker Krankenkasse
20901 Hamburg