

Surname, first name:

Date of birth:



Deutsche Post 
ANTWORT

Techniker Krankenkasse
20901 Hamburg

SEPA Direct Debit Mandate

Creditor -ID: **DE51TK100000031158**
Mandate reference number: to be submitted at a later date

By signing this mandate form, you authorise Techniker Krankenkasse or Techniker Krankenkasse long-term care insurance 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 or Techniker Krankenkasse long-term care insurance. Please complete all the fields below.

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 or Techniker Krankenkasse long-term care insurance when your mandate ends.

Techniker Krankenkasse or Techniker Krankenkasse long-term care insurance will debit the account indicated below for payment of the following: Contributions

IBAN

Begin direct debit
Month Year

I am the account holder. Yes No, the account holder is:

First name, surname

Street, house no.

Post code City

City, date, signature of account holder

We require your personal information to complete our tasks correctly.

The legal bases are Section 284 German Social Code, Book V [SGB V], Section 94 German Social Code, Book XI [SGB XI] and Section 284 German Social Code, Book V [SGB V] in conjunction with Section 53 German Social Code, Book V [SGB V].