



An die
Deutsch-Iranische Krebshilfe e.V.
Frankfurter Ring 224
D-80807 München

Creditor identifier: DE40ZZZ00001071778
Mandate reference: Communicated separately

Direct Debit mandate for a donation

Sender (please use printed letters):

Mr. Ms. Family Company

Title, first name, last name:

Company:

Street, house number:

Postal code, city:

Phone number:

Email:

Please withdraw the following amount from my/our bank account:

one time only on a monthly basis on a quarterly basis
 semi-annually annually

Amount in euros:

Account holder:

IBAN:

BIC:

Banking institution:

Keyword: Donation

Donation to a cause (e.g. death, anniversary, campaign):

I/we would like to request a donation receipt yes no

City, date:

Signature:

I/we authorise Deutsch-Iranische Krebshilfe e.V. to withdraw payments from my/our account by direct debit. I/we likewise direct my payment service provider to approve the direct debits on my account from Deutsch-Iranischen Krebshilfe e.V. Note: I/we can request reimbursement of the amount charged within eight weeks, starting with the debit date. The terms and conditions agreed with my/our payment service provider shall apply.
Before the first withdrawal of a SEPA Direct Debit, Deutsch-Iranische Krebshilfe e.V. will instruct me on this debit method.