

EOS Deutscher Inkasso-Dienst GmbH

20085 Hamburg
Germany

Date:

I authorize the company **EOS Deutscher Inkasso-Dienst GmbH** to collect payments out of my account by direct debit. At the same time I instruct my bank to redeem direct debits on my account to the company **EOS Deutscher Inkasso-Dienst GmbH**.

I accept to be notified one day in advance of the direct debit.

Note: I can claim reimbursement of the amount debited within eight weeks of the debit date in accordance with my bank's terms and conditions.

Creditor Identifier:

First name and Surname (Account owner):

Street and house number (Account owner):

Postcode and city (Account owner):

Bank name:

BIC:

IBAN:

Date, Place:

Signature:

(For digital signing you can also use the Acrobat „Fill & Sign“ feature.)

Please return the **completed** form to us:

By E-Mail:

service@eos-did.com

By Post:

EOS Deutscher Inkasso-Dienst GmbH
Steindamm 71
20099 Hamburg