

Sender (please add or correct)

phone* _____

email* _____

* optional

BVV Versicherungsverein
des Bankgewerbes a.G.
Beitragsabrechnung
Kurfürstendamm 111 – 113
10711 Berlin
Germany

or by fax to +49 (0)30 / 520 05 68 21

Credit identifier: DE42ZZZ00000005712

Mandate reference: will be provided separately and sent at a later date

SEPA Direct Debit Mandate

One-off payment Recurrent payment

Insurance no. _____ - _____ Contract no. (if known) _____

First name and surname
of the account holder _____

Address
of the account holder _____

By signing this mandate form, you authorise BVV Versicherungsverein des Bankgewerbes a.G. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from BVV Versicherungsverein des Bankgewerbes a.G.

Information:

You are entitled to request your bank not to debit your account within 8 weeks up until the day on which the payment is due. The terms and conditions are valid as agreed with the bank apply.

Valid as of _____ . _____ . _____

Name of the bank _____

BIC/SWIFT _____ (8 or 11 digits)

IBAN _____

Name of the insured person
in case of alternative account holder _____

Should the bank account have insufficient funds, then there is no obligation on the part of the bank institute to accept any direct debits. Any bank fees that arise from the non-payment of a debit, arising from my own actions (e.g. closure of account, insufficient cover), are to be paid by me.

It is agreed that BVV Versicherungsverein des Bankgewerbes a.G. will provide a written notice about the SEPA direct debit order no later than three calendar days before the due date of the first contribution.

Location, date Signature of the insured person Signature of the account holder
(in case of alternative insured person)