



Interdisciplinary
Working Group for
Movement Disorders

SEPA Core Direct Debit Mandate for Recurrent Payments

Creditor's Name and Address

Dr. Fereshte Adib Saberi
IAB-Interdisciplinary Working Group for Movement Disorders
Brahmsallee 21
D-20144 Hamburg

Creditor Identifier: DE15IAB00001294455

Mandate Reference (to be completed by Creditor)

I authorize / We authorize the above-mentioned creditor to debit my / our account by direct debit payments for the rates of IAB Courses.

At the same time I instruct my / we instruct our bank to redeem the above-mentioned creditor drawn debits from my / our account.

Note: As part of my /our rights, I am / we are entitled to a refund from my /our bank under the terms and conditions of my /our agreement with my /our bank. A refund must be claimend within 8 weeks starting from the date on which my /our account was debited.

Name of Beneficiary, if Different from Account Holder

Name (s) of Debitor (Account Holder)

Address of Debitor (Account Holder)

Street Name and No.

ZIP Code, City and Country

IBAN / Account Number of Debitor

Swift BIC / Account Number & Bank

Location

Date

Signature (s) of Debitor (s) (Account Holder)

Before the first withdrawal of a SEPA Core Direct Debit creditor (name above) is going to inform me / us about this procedure of debit.