



Interdisciplinary  
Working Group for  
Movement Disorders

## SEPA Core Direct Debit Mandate for Single Payment

### 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 payment on a single base for an IAB course contribution.

At the same time I instruct my / we instruct our bank to redeem the above-mentioned creditor drawn debit 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 Member, 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.