

This document is valid only completely filled out and with 2 signatures !

Important : Please send the original by mail to: by.schulz GmbH

Bühler Str. 121

D-66130 Saarbrücken / Germany

Payee: by.schulz GmbH, Bühler Straße 121, 66130 Saarbrücken, Germany

Creditor identification number : DE28ZZZ00001126993

Mandate reference = your customer number :

Payment method : Recurring payment

I authorize by.schulz GmbH to collect payments from my account by direct debit. At the same time, I instruct my credit institution to honor the direct debits drawn on my account by by.schulz GmbH.

Note: I can request a refund of the debited amount within eight weeks, starting from the debit date. The conditions agreed with my credit institution apply.

Company name + legal form _____

First, + last name of account holder _____

Street + house number _____

Zip Code + City _____

Country _____

IBAN _____

BIC _____

Credit institution _____

Company stamp:



Signature _____

Date / Place _____

Name of the signatory in PRINTED CAPITALS



I agree with the data protection regulations of by.schulz GmbH, the electronic storage or use of my data and the contacting by email. Important: Your data will be managed confidentially and can be deleted at any time upon request.

Supplementary information on the SEPA core direct debit mandate

We would like to point out that in order to facilitate payment transactions, we are shortening the basic 14-day period of advance notification (pre-notification) to one day before debit.



Signature _____

Date / Place _____