SEPA Direct Debit Mandate



Creditor Identifier: Mandate reference number:	DE51TK100000031158 will be handed in later
Last name, first name	
Street, number	
Postcode, town/city	
I hereby authorise Techniker Krankenkasse to draw payments out of my account by means of direct debit transactions. At the same time I instruct my credit institution to pay Techniker Krankenkasse the direct debit drawn on my account. Note: I can claim refund of the amount debited within eight weeks from the date of debiting. The terms and conditions agreed upon between me and my credit institution are applicable. At the same time I commit myself to inform Techniker Krankenkasse about termination of my mandate.	
Direct debit authorisation of m	y contribution from the following account as of Month Year
IBAN DE	
Only to be completed if account holder different from insuree	
Last name, first name	
Street, number	
Postcode, town/city	
Place	Date Signature
	(Account holder)

We need your personal data ("social data") to correctly perform our tasks for you.

This is based on Section 284 Sozialgesetzbuch V (SGB V) [Social Security Code] and Section 94 Sozialgesetzbuch XI (SGB XI) [Social Security Code].