



Deutsche Post   
ANTWORT

Techniker Krankenkasse  
20901 Hamburg

# SEPA Direct Debit Mandate

Creditor -ID: **DE51TK10000031158**

Mandate reference number: to be submitted at a later date

By signing this mandate form, you authorise Techniker Krankenkasse to send instructions to your bank to debit your account. At the same time you authorise your bank to debit your account in accordance with the instructions from Techniker Krankenkasse. Please complete all the fields below.

Note: As part of your rights, you are entitled to a refund from your bank under the conditions of your agreement with your bank. A refund must be claimed within eight weeks starting from the date on which your account was debited. You also agree to inform Techniker Krankenkasse when your mandate ends.

Techniker Krankenkasse will debit the account indicated below for payment of the following: Contributions

IBAN

If you do not have a German bank account, please also enter the following data:

BIC

Name of bank

Begin direct debit  
Month Year

I am the account holder.  Yes  No, the account holder is:

First name, surname

Street, house no.

Post code

City

City

Day Month Year

Signature of account holder

We require your personal information to complete our tasks properly. The legal bases are Section 284 German Social Security Code, Book V [SGB V] and Section 94 German Social Security Code, Book XI [SGB XI].