

Issue of a SEPA direct debit mandate for a one-off payment (Lastschriftformular)

Creditor identification number:

DE88ZZZ00000001392

Reference number (to be filled in by the Language Center):

I authorize the Ministry of Finance Schleswig-Holstein – State Treasury (Landeskasse) to collect a one time payment from my account by direct debit. At the same time, I instruct my bank to honour the direct debits drawn by the Schleswig-Holstein – State Treasury Ministry of Finance.

Please note: I can demand reimbursement of the debited amount within eight weeks of the debit date. The terms and conditions agreed with my bank shall apply.

I agree that, in order to facilitate payment transactions, the 14-day period for information prior to collection of a due payment may be shortened to one day prior to debiting.

Course title or language test (date)

Full name of **account holder**

Street name and number

Postal code

Town or city

Country

Telephone number, mobile phone number

Name of bank

BIC (Business Identifier Code)

IBAN (International Bank Account Number)

Please note that the money will be deducted by the “Finanzministerium Schleswig-Holstein – Landeskasse”, not by Europa-Universität Flensburg.

Signed in (town or city)

Date of signature

Signature of account holder

Please return to:

Europa-Universität Flensburg, Fremdsprachenzentrum - Postfach HEL 62
Auf dem Campus 1, 24943 Flensburg