

DACH Section of the ISMRM e.V.
SEPA Direct Debit Mandate

(Member first name)

(Member last name)

By signing this mandate form, you authorize the "DACH Section of the ISMRM e.V." to send instructions to your bank to debit the membership fee from your account, and your bank to debit your account in accordance with the instruction from DACH-ISMRM.

First and last name (bank account holder)

Street name and number

Postal code, city and country

IBAN

BIC

Name of bank

Note: As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

(Location, Date)

(Account holder's signature)