

HALLESCHE
Krankenversicherung
auf Gegenseitigkeit
70166 Stuttgart

Creditor Identification Number/Gläubiger-Identifikationsnummer
DE89ZZZ00000031444

Mandate Reference/Mandatsreferenz
»wird nachgeliefert«

or per fax to +49 7 11/66 03-3 33

SEPA Direct Debit Mandate

By signing this mandate form, I authorise HALLESCHE Krankenversicherung a. G. to send instructions to my bank to debit my account and my bank to debit my account in accordance with the instructions from HALLESCHE Krankenversicherung a. G.

HALLESCHE Krankenversicherung a. G. will announce the direct debit at least 6 calendar days before the maturity of the payment. In case of repeated direct debits with equal or fixed direct debit amounts a single information before the first direct debit and the details of the due dates is sufficient.

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

With my signature I furthermore confirm that I am (also) solely authorised to dispose of the bank account mentioned.

First name and family name (Account holder) Date of birth

Street name and number Postal code and city

Address for service (only if different):

Street name and number or Post office box Postal code and city

Creditor institute (Name and BIC)

IBAN

In case of a new application: This SEPA direct debit mandate is valid at the time of signature.

In case of an existing insurance contract:
This SEPA direct debit mandate is valid as of

Beginning of validity period

(If no different beginning of validity period is filled in, the SEPA direct debit mandate is valid at the time of signature.)

Place/date

Signature of the account holder

Please always fill in: This SEPA direct debit mandate is valid for the insurance contract with HALLESCHE Krankenversicherung a. G. for the following policy holder/main person insured:

First name and family name (Policy holder/main person insured)

Date of birth

Street name and number, postal code and city

Policy number (if known)