Good to know: Data is processed for the collection of contributions in accordance with Section 23 Social Security Code IV (SGB IV). BARMER stores this data for 36 months after last use of the mandate and then deletes it. Provided that the legal requirements are met, the right exists to information, correction and deletion or restriction as well as the right to data portability.

BARMER

**Sender**

BARMER
73524 Schwäbisch Gmünd

Your letter of
Your reference

## SEPA Direct Debit Mandate

Creditor: **BARMER**
Creditor Identifier: **DE91ZZZ00000008807**
Mandate Reference: (will be communicated later with the bank statement)

By signing this mandate form, you authorise BARMER to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from BARMER.

**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.

D E
IBAN (Account Number)

Foreign IBAN (Account number. Please use this line if the bank is located outside Germany.)

BIC (SWIFT Code. Only required if the bank is located outside Germany.)

Will someone else make the payment for you? Then please also enter here their name and address and inform them about the amount and the due dates of the contributions.
Surname, first name, address of the person from whose account BARMER may debit:

Surname, first name

Street No

ZIP code City

**Remarks:** (Please use if you have further information for us)

. .
Date of signature

Signature of account holder

**Did you know?** Our Data Protection Officer can help if you have any questions about privacy or objections to data processing: datenschutz@barmer.de, BARMER, Lichtscheider Str. 89, 42285 Wuppertal. Or contact the Federal Commissioner for Data Protection and Freedom of Information.

**Please return documents loose and not stapled or bound.**

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