Please note:
The processing of your data is carried out in accordance with contribution collection regulations stipulated in § 23 SGB IV. BARMER stores these data for a period of 36 months from the last use of the mandate. The data are then deleted. Provided that the legal prerequisites are met, you have a right of access, correction and deletion, or restriction and the right to data transfer.

BARMER

Debtor

BARMER
42230 Wuppertal

Date

Health insurance number

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.)

If the account holder and the debtor differ, please enter the full name and address of the account holder in the below "Remarks" field. The debtor is obliged to inform the account holder of the amount and due date of the payments.

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

_____

_____

_____

__ __ . __ __ . __ __ __ __

Date of signature

_____

Signature of account holder

You may file an objection against the processing of your personal data with us or with the German Federal Commissioner for Data Protection and Freedom of Information. Our Data Protection Officer can be reached at HYPERLINK "mailto:datenschutz@barmer.de" datenschutz@barmer.de or at Lichtscheider Str. 89, in 42285 Wuppertal, Germany.