

SEPA Direct Debit Mandate

I hereby revocably authorise **SMATRICS GmbH & Co KG** to collect the invoiced amounts from my account when due by means of a SEPA direct debit. Thus my account-holding bank is also authorised to honour the direct debits; there shall be no obligation to honour the payment, in particular, if there are insufficient funds in my account. I have the right to cancel the payment at my bank without stating reasons within eight weeks from the debit date.

Customer (payment undertaker)		
Title, First name, Surname		
Street		
Postcode/City		
Account holder		
Bank name		
IBAN		
BIC code		
, on		
ity Date		
	PLEASE	SIGN HERE
Signature for SEPA Direct Debit Manda	te [Account holder / Authorised signatory])	

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