
SEPA Direct Debit Mandate

Mandate reference (to be completed by the creditor):

Creditor Oesterreichische Kontrollbank Aktiengesellschaft
Am Hof 4
1010 Vienna, Austria

Creditor-ID AT44ZZZ00000005158

Type of Payment Recurrent payment

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

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.

Debtor

Name*

Street name and number*

Postal Code and City*

Country*

Contact person

Title

First name*

Surname*

E-mail address*

IBAN*

BIC

Location and Date*

Authorised signature(s) and company seal*