SEPA-DIRECT DEBIT MANDATE (AUTHORIZATION)

Payment Recipient	Marawi GmbH & Co KG Josef Strebl-Gasse 3 2345 Brunn an Gebirge
Creditor-ID	AT18ZZZ00000077406

I/we authorize the EFFI Studios to collect payments from my/our account as of _____._____._____ by SEPA direct debit. At the same time, I/we instruct my/our credit institution to honor the SEPA direct debits drawn on my/our account by the EFFI Studios.

I/we can demand reimbursement of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with my/our credit institution apply.

Name (title, first name, last name)	Studio Number
Adress (Street, zip code, city, country)	

IBAN

BIC

Place, date	Signature

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