

DIRECT DEBIT INSTRUCTION SEPA



NAME	:	Bakkerij Bartels b.v.
ADDRESS	:	Postbus 69318
POSTAL CODE/CITY	:	1060 CJ Amsterdam
COUNTRY	:	Nederland
PAYEE ID	:	NL54ZZZ331548270000
KENMERK MACTHIGING	:	_____
		(Client code)

By signing this form, you authorize a. Bakkerij Bartels B.V. to send continuous direct debits to your bank to debit the amount from your account and b. your bank to continuously charge your account to debit under the command of Bakery Bartels B.V.

In case you don't agree with the debiting you have the possibility to cancel it. Contact your bank in such case within 8 weeks after the debiting. Ask your bank for the conditions.

Signature by authorized person

NAME : _____

ADDRESS : _____

POSTAL CODE/CITY : _____

COUNTRY : _____

ACCOUNT NUMBER (IBAN) : _____

CITY AND DATE : _____

SIGNATURE : _____

- Send this form to Bakkerij Bartels b.v., Postbus 69318, 1060 CJ Amsterdam. You can also e-mail it to: s.dontje@bakkerijbartels.nl.
- The continuous authorization can only be withdrawn in writing.