

Authorization for automatic withdraw of payments (direct debit authority)

We/I herewith provide you with authorization to automatically withdraw payments from our/my bank account when bills come due. We/I know, that my bank account needs to have sufficient funds, in order to avoid debit notes (and bank fees) for returns.

My name and address		
My bank account-no	Name of the bank	Bank Code / Bank identification nor, of our/my bank
effective from		
ACCOUNT NO.:		

Reason for payment:
Rheingauwasser GmbH
Große Hub 9
65344 Eltville

Location, Date
Signature