

Creditor identification number:
DE29ZZZ00000011766

Mandate reference:
to be communicated separately

Hübener Versicherungs AG
Hermannstr. 15
20095 Hamburg
Germany

Policyholder

First name and surname or company name

Street and house number

Postcode and place

Account holder (if other)

First name and surname or company name

Street and house number

Postcode and place

Declaration by the account holder(s)

I/We authorise Hübener Versicherungs AG, Hermannstr. 15, 20095 Hamburg to collect payments from my/our account by direct debit. At the same time, I/we instruct the credit institution specified below to honour the direct debits drawn by Hübener Versicherungs AG on my/our account. Note: I/we can demand reimbursement of the debited amount within eight weeks of the debit date. The conditions agreed with my/our credit institution or bank shall apply.

Premiums due in the future will be debited from my/our account. However, this does not apply to premiums already charged. The insurer shall inform the payer (policyholder) of the upcoming direct debit no later than five days before the debit date.

This SEPA core direct debit mandate applies to

the contract _____.
 all contracts of the aforementioned policyholder.

IBAN

Name of the credit institution

Postcode and place

Place/Date

Signature of the account holder and stamp, if applicable