SEPA Direct Debit Mandate			valid from:	
Please return to: VielfaltMenü GmbH,	Str. zur Internationalen Schule 33,	65931 Frankfurt	KST: 3192	
Payment recipient:				
Name:	VielfaltMenü GmbH		NOTE	
Street and number:	Oberlandstr. 13-14		SEPA Direct Debit	
Postal code and city/town:	12099 Berlin		Mandate is valid only in the original by post!	
Creditor Identifier:	DE56ZZZ000000897	53		
Mandate reference:	will be notified separa	ately		
Payer (account holder):		Name	e of meal participant:	
First name(s) and surname:				
Street and number:		Name	e of the school/facility:	
Postal code and city/town:				
Direct debit authorisation: I hereby irrevocably authorise the awhen due by direct debit from my bester to be direct Debit Mandate: I hereby authorise the aforemention At the same time, I instruct my ban to my bank account. Note: I can demand reimbursement The terms and conditions agreed we liban of the payer: DE	ned payment recipient to collent to honour direct debits charged	ct payments fr ged by the afo	om my bank account by direct debit rementioned payment recipient	
BIC (8 or 11 characters):	Name	of the bank:		
If different from the account holder provided:	issuing this SEPA direct debit	mandate, the	following information must also be	
Name, first name(s) of the parent/g	guardian:			
Street, post code, city/town of the p	parent/guardian:			
City/town	Date (DD/MM/YYYY):			
Signature(s) of the payer (accou	nt holder):			
	Mand	ate is only vali	id with city/town, date and signature!	