SEPA Direct Debit Mandate

Creditor: Triangle Squares e.V., c/o Thomas Omerzu, Torckweg 6, 44379 Dortmund, Germany
Creditor Identifier: DE55ZZZ00000021774
Mandate reference: *Will be disclosed separately*

Account holder:

First and last names: _____

Street and no.: _____

ZIP, city, country: _____

By signing this mandate form, you authorise (A) Triangle Squares e.V. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Triangle Squares e.V.

Note: As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Account: *(this mandate can be used for all SEPA countries)*

IBAN: | | |