

## AGROLAB Potsdam GmbH

Schlaatzweg 1 A, 14473 Potsdam, Germany  
Tel.: +49 331 2775-125, Fax: +49 331 2775-122  
[potsdam@agrolab.de](mailto:potsdam@agrolab.de) [www.agrolab.de](http://www.agrolab.de)



### SEPA Direct Debit Core mandate (for retail customers)

Dear Customer,

Thank you for taking advantage of the SEPA Direct Debit option.  
Before completing the form, please ensure that you have selected the right form (either B2B or retail client).

Please ensure that all of your information is entered in the form! Please use your customer number as the mandate reference. Of course, your information will be treated in confidence!

Unfortunately, we are not able to accept incomplete SEPA mandates.

Please send the signed original copy of the SEPA Direct Debit Gare mandate to the following address:

AGROLAB Potsdam GmbH  
Accounting Department  
Jenaer Str. 1  
84034 Landshut

We look forward to working with you, and thank you for your cooperation.

Do not hesitate to contact us if you have any questions regarding the Direct Debit authorisation.

Sincerely,

AGROLAB Potsdam GmbH  
Accounting Department

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## SEPA Direct Debit Core Mandate

Payee:

AGROLAB Potsdam GmbH  
Schlaatzweg 1 A  
14473 Potsdam  
Germany

**Financial accounting**

Payer:

I/We hereby authorise the above payee to withdraw payments from my/our account by way of direct debit transactions. At the same time, I/we instruct my/our bank to cash direct debit transactions that are drawn from my/our account by the aforementioned payee.

Payment type: Recurring payment

Please note: I/We may request a refund of the debited amount within a period of eight weeks, beginning on the date on which the amount was debited. The terms that have been agreed with my/our bank shall apply.

Creditor ID number: [DE93ZZZ00002294576](#)

Mandate reference:

\_\_\_\_\_  
Surname, first name (account holder)

\_\_\_\_\_  
Name of bank

\_\_\_\_\_  
Street address

\_\_\_\_\_  
BIC

\_\_\_\_\_  
Post code and town

\_\_\_\_\_  
IBAN

\_\_\_\_\_  
Country

\_\_\_\_\_  
e-mail address (to send out pre-notifications)

I/We agree that the pre-notification period may be deduced to one day.

.....  
Place

Date

Signature

AG Potsdam  
HRB 33385  
Ust./VAT-ID-Nr:  
DE815855423

Geschäftsführer  
Dr. Carlo C. Peich  
Michael Witiska



Deutsche  
Akkreditierungsstelle  
D-PL-21535-01-00