

Direct debit SEPA

Name creditor J.H.F. Schopman en Zonen B.V.
Adress creditor Sarphatistraat 370 A-9
Postal creditor 1018 GW
City creditor Amsterdam
Country creditor Nederland
Creditor ID NL29 ZZZ 3300 6758 0000
Feature authorization _____
Reason Rental Payment address _____

By signing this mandate form, you authorise J.H.F. Schopman en Zonen B.V. to send instructions to your bank to debit your account in accordance with the instructions from J.H.F. Schopman en Zonen B.V. 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.

Name _____
Address _____
Postal code and city _____
Country* _____
International Bank Account Number (IBAN) _____
Bank Identifier Code (BIC)** _____
Place and date _____
Signature _____

* If the country of the payee and the debtor are the same, this field is not required.
** No mandatory field in case of Dutch IBAN.