

Please fax this document to **+49 (70 31) 77 63 54** or send it to the address stated below!

Authorization for the collection of direct debiting claims

Herewith I/we authorize

**Dr. Andreas Kremser, DRAK-Aquaristik
Rosenstrasse 22, 71101 Schoenaich**

revocably, to collect payments by ***direct debiting*** of my/our below-mentioned bank account to settle our payments for goods ordered from **DRAK-Aquaristik** at maturity.

First name, last name _____

Street address and number _____

Postal code and place _____

Account number _____

Bank sorting code _____

Detailed name of the bank which manages the
account _____

If my/our bank account does not have the necessary coverage, the bank which manages the account is not responsible for payment.

Partial payments do not apply to direct debiting.

Place and date

Signature(s)