BOOSTER CLUB CJD BRAUNSCHWEIG E.V.
Georg-Westermann-Allee 76, 38104 Braunschweig

DECLARATION OF ENROLMENT/SEPA-LASTSCHRIFTMANDAT

We have become members of the Booster Club CJD Braunschweig e.V. as of today.

_____
Name

_____
Address

_____
E-Mail

My/Our child will attend year/group _____ in

☐ Kita ☐ Elementary School ☐ Secondary School ☐ International School ☐ Grammar School ☐ Academy of Arts

_____ _____
Children's name

I have received the by-laws. yes ☐ no ☐

_____
Place, Date, Signature(s)

AUTHORIZATION TO COLLECT PAYMENT BY THE BOOSTER CLUB VIA SEPA DIRECT-DEBIT MANDATE

By signing this mandate form, I authorize CJD Braunschweig to collect payment in the case of

Donation

☐ Monthly (……) € _____(in words)
☐ Quarterly in Feb., May, Aug. Nov. (……) € _____(in words)
☐ Semi-annually in Feb., Aug. (……) € _____(in words)
☐ Annually in Aug. (……) € _____(in words)

Through SEPA Direct Debit at the time for payment. **The minimum contribution by Direct Debit is 72,00€.**
We will use the following information:

Creditor-Identification number	DE92ZZZ00000265742
Mandate reference number	2011 1978 FV76
Amount	per contract/per pricelist/according to the notice/per enrolment declaration
First collection	nearest possible date (see donations interval)
Interval of payment	monthly/quarterly/semi-annually/annually

_____ DE __ | ____ | ____ | ____ | ____ | __ _____
Credit institution IBAN BIC

_____ _____
Name, First name (Account holder) Daytime telephone number

Please note: Subject to the terms agreed with my bank, I have the right to the reimbursement of the collected amount within eight weeks from the date of collection.

_____
Place, Date, Signature(s)

In case of insufficient funds, the financial institution has no obligation to fulfil the debit.

Förderverein des CJD Braunschweig e.V., Georg-Westermann-Allee 76, 38104 Braunschweig, 0531/7078-129
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Email foerderverein@cjd-braunschweig.de
Konto 2946754 Nord LB Braunschweig, BLZ 250 500 00
IBAN DE65250500000002946754 BIC NOLADE2HXXX