



Direct Debit Mandate

I hereby authorize the European Association of Sound Massage Therapy, Ortheide 29, D-27305 Bruchhausen-Vilsen, for payments from my / our account by direct debit authorization. At the same time, I instruct my credit institution to encash the direct debits drawn by the payment recipient on my account. This mandate is valid until canceled.

Account owner: _____

Bank: _____

IBAN: _____

BIC/SWIFT: _____

Place, date, signature: _____

Please send your registration by mail, fax or scanned email to:

Europäischer Fachverband Klang-Massage-Therapie e.V.
Ortheide 29, D-27305 Bruchhausen-Vilsen, Germany
Tel.: 0049-(0)4252-9389140, Fax: 0049-(0)4252-9389145
Email: info@fachverband-klang.de
Homepage: www.fachverband-klang.de

Bank details:

Kreissparkasse Syke
IBAN: DE43 2915 1700 1510 0410 21, BIC: BRLADE21SYK