DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON – WIESBADEN
UNIT 29623
APO AE 09096-0051

BANK INFORMATION TO ESTABLISH OR UPDATE AUTOMATIC BILL PAYMENT

SEPA Mandate (SEPA Payment Authorization Form)

_____
U1. Name & Address of Utility Supplier*

U2. Gläubiger-Identifikationsnummer: _____ (Supplier ID)*

U3. Mandatsreferenz: _____ (Withdrawal Reference Number)*

SEPA-Lastschriftmandat (SEPA Withdrawal Mandate)
Ich ermächtige den oben genannten Versorger, Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die von dem oben genannten Versorger auf mein Konto gezogenen Lastschriften einzulösen.
(I hereby authorize the above utility supplier to withdraw payments from my bank account. At the same time, I am instructing my bank to honor the payment requests from the above named utility supplier.)

Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen.
(Note: Within 8 weeks from the debit date, I can request reversal of the transaction. The terms of my bank apply.)

_____
1. First Name & Last Name of account holder

_____
2. German Street Address

_____
3. German Postal Code and City

_____ __ __ __ __ __ __ __ __ |__ __ __
4. Bank Name 5.BIC(Bank Identifier Code)

D E __ __ |__ __ __ __ |__ __ __ __ |__ __ __ __ |__ __ __ __ |__ __
6. IBAN (International Banking Account Number)

_____
24. Date, City, Account Holder Signature
Instructions for completing this form:
-Fill in only Blocks 1-6 and submit to the UTAP office.
-The UTAP office will fill in blocks U1-3 and submit to the utility company for processing
-It is preferred that this form is submitted in person but it can also be e-mailed to: usarmy.wiesbaden.utap@mail.mil for processing.

Click to Email Form to UTAP office