SEPA-Direct Debit Mandate for recurrent Payments / SEPA-Core Direct Debit

Creditor's name & address
IC Leiden YBB S.à r.l **26A boulevard Royal** **L-2449 Luxembourg** **Grand Duchy of Luxembourg**

Location (street name, apartment number, postal code, city)	Apartment number
THE FIZZ Leiden, Ypenburgbocht 2316 WB Leiden, The Netherlands	X
CI / Creditor Identifier DE84ZZZ00002631522	Mandate Reference (contract ID) X
Tenant as per short stay contract X	Date of the first direct debit The first debit will be made on the 1st working day of the month of the Contract Commencement.
Amount as stated in the short stay contract(s) and in the fee list. This SEPA-form is valid for all the existing short stay contracts.	

By signing this mandate form, you authorize **IC Leiden YBB S.à r.l** to send instructions to your bank to debit your account in accordance with the instruction from International Campus GmbH. 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.

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Name of debtor
X
Street name and number, postal code and city
X

Bank name	
X	
BIC / Swift BIC X	IBAN-Account number X
Location, date X	Signature payer X