

# ccn SEPA Direct Debit Mandate



Debit authorization for the satisfaction of receivables

## Creditor's name and address

ccn corporate communication networks GmbH  
Frankfurter Ring 105a  
80807 Munich  
Germany

tel. +49 89 746160-0  
fax +49 89 746160-30

mail [billing@ccn.net](mailto:billing@ccn.net)

Creditor identifier DE17CCN00000607174

## Mandate reference

(to be completed by the creditor)

## Name of debtor and address

Company

Prenome, surname

Street name and number

Postal code and city

Country

Phone

Fax

By signing this mandate form, we authorize ccn GmbH to send instructions to our bank to debit our account and our bank to debit our account in accordance with the instructions from ccn GmbH.

IBAN

BIC

Financial institution

*Please note:* If the account doesn't have sufficient funds, the account keeping financial institution is not committed to redemption. Partial payments are not made as part of the direct withdrawal process.

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.

In the case of a return debit note we demand a service fee in the amount of €15.

Location, date

Name of the authorized person (in block letters)

Authorized signature and official company stamp