



Dr. REISE & PARTNER GmbH
Gohliser Straße 18

04105 Leipzig

Direct debit authorisation

Property: _____

Within the terms of my/our contractual relationship, I/we hereby revocably authorise you as of: _____

to debit payments, when due, from my/our bank account:

Credit institute: _____

Account number: _____

Postcode: _____

Account holder: _____

Surname, first name

Street, house number

Postcode, location

Date, signature