



## Direct Debit Authorization

### SEPA Direct Debit Mandate

**Payee** MAKE ME SMILE INTERNATIONAL  
- for Make Me Smile Kenia  
ZVR-Zahl 729094416  
Rathausstraße 6  
2490 Ebenfurth

**CREDITOR-ID:** AT98ZZZ00000050067

By signing this mandate form, I (we) authorise to send instructions to my (our) bank to debit my (our) account and my (our) bank to debit my (our) account in accordance with the instructions from Make Me Smile International.

I can (we can), within eight weeks, starting with the date of the debit request, demand a refund of the amount charged. The terms and conditions agreed upon with my (our) financial institution apply.

|                              |             |
|------------------------------|-------------|
| <b>account holder:</b>       |             |
| <b>street and number:</b>    |             |
| <b>postal code and city:</b> |             |
| <b>country:</b>              |             |
| <b>email address:</b>        |             |
| <b>IBAN:</b>                 | <b>BIC:</b> |

location, date

signature(s)

**Make Me Smile International**

Rathausstraße 6, 2490 Ebenfurth, Österreich

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ZVR 729094416\_Volksbank NÖ Süd, IBAN: AT034443040000060000, BIC: VBOEATWWWRN