



International Leo-Kestenberg-Society
z. Hd. Andreas Eschen
Nostitzstraße 29
10965 Berlin

Authorization to collect payments by direct debit

Recipient of Payment

Last Name, First Name and Address

**International
Leo-Kestenberg-Society e.V.
Berlin**

We hereby revocably authorize you to collect the following amount for membership to IKG
amount: _____ €

IBAN (your account) _____

BIC(international Code for bank transfer) _____

If my account does not have the required coverage, the account-holding credit institution is not obligated to honor the payment.

Date _____ Signature _____