

HESSISCHES STAATSTHEATER WIESBADEN
Subscription Office / Box Office
Christian-Zais-Str. 3
65189 Wiesbaden



Subscription Office
Tel. 0611.132 340

Box Office
Tel. 0611.132 325

Creditor Identifier **DE46ZZZ00000013497**

Mandate Reference..... (to be completed by the Theatre)

SEPA Direct Debit Mandate

I / We hereby authorise the Hessian State Theatre of Wiesbaden to collect payments from my / our account by means of direct debit. At the same time, I / we instruct my / our financial institution to honour the direct debits drawn by the Hessian State Theatre of Wiesbaden from my / our account. If I have supplied an email address, I further instruct the Hessian State Theatre of Wiesbaden to enable direct debit as a payment method in my Webshop account.

Note: I / we may request a refund of the amount debited to my / our account within 8 (eight) weeks of the payment date. The conditions of the bank will apply.

Name & Surname (account holder)

Street Address

Postal Code & City

Telephone Number

Bank (name & BIC)

IBAN

HESSISCHES STAATSTHEATER WIESBADEN
Christian-Zais-Straße 3 | 65189 Wiesbaden | Germany
Tel. +49 (0) 611.1321 | Fax +49 (0) 611.132.337
www.staatstheater-wiesbaden.de
IBAN DE57 5105 0015 0100 0002 29 | BIC MASSDE55XXX

Please return the original signed document – kindly do not fax or email. Thank you!