



SEPA Direct Debit Mandate

EHSEPA-011120

Return address: P.O. Box 2300, 5202 CH 's-Hertogenbosch, info@HippoHorseInsurance.com

Name : Hippo Horse Insurance
 Address : Postbus 2300
 Postal code : 5202 CH
 City : 's-Hertogenbosch
 Country : The Netherlands
 Creditor identifier : NL73ZZZ160660080000
 Mandate reference : This is given by Hippo Horse Insurance.
 Reason for authorization : Payments for insurances / services

By signing this mandate form, you authorize:

- Hippo Horse Insurance to send recurrent collection instructions to your bank to debit your account and
- your bank to debit your account on a recurrent basis in accordance with the instructions from Hippo Horse Insurance.

If you do not agree with this direct debit you may have it reversed. Please contact your bank within 8 weeks after the direct debit has taken place.

Enquire with your bank about the terms and conditions

Name :
 Address :
 Postal code :
 City :
 Country :
 Email :
 IBAN :
 Bank Identification Code (BIC)* :
 * not required for Dutch IBAN.
 Place :
 Date :
 Signature :

In the case of an invoice for renewal or change:

NOTE:
 This authorization applies to future payments only. You are responsible for payment of any invoice(s) accompanying this authorization into bank account NL59 ABNA 0631 6661 17 BIC ABNANL2A, in the name of Hippo Horse Insurance 's-Hertogenbosch, quoting the customer number and invoice number as indicated on the invoice(s).