

Please fill out this form and return it in an envelope addressed to "VF-GIBS, Kassier*in" to the school office or scan it in and send it to kassier.vf@gibs.at.

To: Verein zur Förderung der GIBS (FV-GIBS), Georgigasse 85, 8020 Graz

I wish to pay the membership fees for my child/children

-----, Class

-----, Class

-----, Class

by direct debit mandate and select the following option:

- Per child one payment €350 (in November)
- Per child two payments €175 (in November and January)
- Per child three payments €116,70 (in November, January, and March)

Membership fees would only be raised if a decision to this effect was taken at a general meeting of the VF-GIBS when all members are invited. Parents would be informed of any increase in fees by letter or email.

Authorization of a Direct-Debit Mandate for Membership Fees

- I authorize the VF-GIBS to withdraw from my account the current membership dues. Cancellation is possible at any time, even by telephone, with no need to provide a reason.
- My account-holding bank is herewith authorized to pay these dues but is under no obligation to do so especially if my account does not have sufficient funds.
- I have the right to authorize a return of funds within 8 weeks of debit date.

Name of Account Holder:

IBAN:.....

BIC:.....

.....
Place, date

.....
Signature of account holder



(Please retain this cut-off slip for your records)

I have authorized a direct debit mandate for the VF-GIBS to pay the current membership fees. I have the right to authorize a return of funds within 8 weeks of debiting without having to provide a reason. I can also cancel this arrangement at any time, even by telephone, without having to supply a reason.

Contact address:
Treasurer of VF-GIBS
Georgigasse 85, 8020 Graz
kassier.vf@gibs.at