

## Sustaining Member declaration / Direct debit authorization

I authorize the MICHAEL FOUNDATION to withdraw the amount by direct debit from my account. I can counterdemand the direct debit authorization at any time:

€ .....  monthly  quarterly  half-yearly  yearly

### My bank details

IBAN: \_\_\_\_\_ BIC/SWIFT: \_\_\_\_\_

Bank name / City: \_\_\_\_\_

### My Address:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP Code: \_\_\_\_\_ City / Country: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**MICHAEL FOUNDATION**  
a foundation for epilepsy