Europäische LINKE

Die Linke

# I would like my membership dues to be conveniently debited from my account!

With this direct debit authorization, I authorize the party Die Linke to collect payments for my membership dues from the account listed below via direct debit until further notice. At the same time, the financial institution is instructed to honor the direct debits drawn on the account. A refund of the debited amount may be requested within eight weeks, beginning on the date of the debit. The terms and conditions agreed upon with the financial institution apply.*

*Member's Last Name, First Name*

*Street* | *House number* | *Date of Birth*

*ZIP* | *City* | *State*

*Name and location of the financial institution/bank*

IBAN

BIC

The membership fee to be debited for **Die Linke** is _____ euros per month (min. fee: 1.50 euros).**

The payment should be made:
◯ monthly (on the 1st of the month) ◯ quarterly (on the 1st of each quarter)
◯ every six months (on Jan 1 and July 1) ◯ annually (on Jan 1)

The direct debit will therefore begin on _____***

The annual membership fee for the **European Left (EL)** is _____ euros (min. fee: 6 euros) and is to be debited in May of each year.

The bank is not obligated to honor the payment if there are insufficient funds.****

*Name and signature of the account holder (if different from the member)*

*City, Date* | *Member's signature*

Please submit this form to international@die-linke.de or mail it to:
Parteivorstand Die Linke, Kleine Alexanderstraße 28, 10178 Berlin

If you have questions about membership, please contact: mitglieder@die-linke.de or 030 24009 555

*) The mandate reference and creditor identification number for the direct debit will be provided later. **) See the membership fee table at www.die-linke.de/mitgliedwerden ***) If membership does not begin on the 1st of the quarter / half-year / year but a corresponding direct debit option is selected, we will charge the first membership fee as a one-time payment on the 1st of the month, prorated for the billing period. ****) Any applicable fees must be paid by the person responsible for payment.