RMV FirmenCard – eTicket – *Universitätsmedizin d. J.-G.-Universität*

Please place an order by the 5th day of the previous month by submitting this form to the RMV Travel Advice Office at Mainz Public Transport Centre, Bahnhofplatz 6A, D-55116 Mainz (opening hours: Mon. - Fri.: 7 am - 7 pm; Sat.: 9 am - 2 pm) or by e-mail verkehrscenter@mainzer-mobilitaet.de / by fax: +49 6131 12 66 66. If you have any questions, you can call us on +49 6131 12 77 77.

Customer details (only for employees)

MAINZER MOBILITÄT

Zone?

☐ RMV-FirmenCard (zone 6500) MZ-WI

Personnel number: Please be sure to have your personnel number checked by the HR department.

Customer-Information:

☐ Ms. ☐ Mr. ☐ Other Apprentice: ☐ Yes ☐ No

Surname _____ First name _____ Date of birth ____ /▪ _____ ▪/ _____

Street, house number _____ Postcode _____ Town _____

Email address _____ **Phone number (landline or mobile)** _____

Department at *Universitätsmedizin d. J.-G.-Universität* _____

Ticket valid as of (from 1st of a month): 01 ▪ ___ ___ ▪ 20 ___ ___

The monthly price for an RMV FirmenCard (zone 6500 or complete RMV tariff zone) can be found in the current employee information. It's based on the applicable tariff conditions of the RMV association and is subject to regular adjustments. The costs will be debited from your bank account monthly. The pass will be saved on an eTicket. RMV's Tariff Regulations apply. The personal data above shall be stored in accordance with point (b) of Art. 6 of the General Data Protection Regulation (GDPR), taking into account the data protection regulations outlined in the annex. By signing below, I accept RMV's General Terms and Conditions of Carriage and Tariff Regulations. I have also acknowledged RMV's Special Terms and Conditions

Cancellation the RMV FirmenCard at the end of employment

I hereby agree to cancel the RMV FirmenCard to Mainz Public Transport Centre when I am no longer employed by *Universitätsmedizin d. J.-G.-Universität*.

If I do not cancel the ticket by the end of the month in which my employment relationship comes to an end, I may be charged for a monthly pass in price class 13 at the standard adult rate.

X _____

Date / customer's signature

Direct debit authorisation (please write legibly!)

D	E																				

IBAN

Account holder

Surname _____ First name _____ Date of birth ____ /▪ _____ ▪/ _____

Street, house number _____ Postcode _____ Town _____

I hereby authorise you to debit the purchase price of the RMV FirmenCard from my current account by direct debit from the indicated start date until I revoke my consent. The amount will be debited every month in advance. This direct debit authorisation shall continue to apply if the monthly fee increases or decreases. If the amount due cannot be debited from my account, I will bear the resulting costs.

X _____

Date / account holder's signature

DE40ZZZ00000329534
Creditor ID of MVG
Mainzer Verkehrsgesellschaft mbH

Employer confirmation

I hereby confirm that the person indicated above is employed by *Universitätsmedizin d. J.-G.-Universität* in Germany and is therefore entitled to purchase an RMV FirmenCard.

_____ X _____

Employer (name and department) Date / employer's signature and stamp