



Payment authorization with right of contestation

PostFinance Ltd CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit) on the PostFinance's SA postal account or LSV+ debit procedure on the bank account

Information on the issuer of the invoice / beneficiary

Name of the society : _____

Address : _____

Number of the Member of the issuer of the invoice (RS-PID):

IDENT. LSV : _____

Details of the client

Customer number : _____

Name/Surname : _____

Address : _____

ZIP/location : _____

Fill in block 1 if you have an account with a standard bank and block 2 if you are PostFinance customer.

BLOCK 1- STANDARD BANK : Debit authorization with right of objection

I hereby authorize my bank to deduct debits in CHF from the above-listed creditor directly from my account until this authorization is revoked.

Name of Bank : _____

Post code and City : _____

Account number or IBAN : _____

Bank clearing N° : _____

If there are insufficient funds in my account, then my bank is not obligated to carry out the debit. I will be notified of each debit to my account. The amount debited will be repaid to me if I contest the debit in binding form to my bank within 30 days of date of notification. I authorize my bank to notify the creditor in Switzerland or abroad about the contents of this debit authorization as well as any subsequent rescinding thereof with the means of communications considered best suited by the bank.

Location/date : _____ Signature : _____

Rectification (Leave blank, to be filled in by the bank)

N° CB : _____ IBAN : _____

Date : _____ Bank stamp and signature : _____

BLOCK 2. – PostFinance : PostFinance Ltd CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit)

Customer ref. no. : _____ Company : _____

Last name : _____ First name : _____

Street, no. : _____ Postcode, town : _____

Tel. : _____ E-mail : _____

The customer hereby authorizes PostFinance to debit from his or her account the amounts due as indicated by the above invoice issuer, until such a time as this authorization is revoked.

IBAN (postal account) : _____

If the account does not contain sufficient funds, PostFinance can check on their availability several times but is not obliged to execute the debit. The customer will be notified by PostFinance of every debit from the account in the agreed-upon form (e.g. on the account statement). The debited amount will be re-credited to the customer if he or she submits an objection to PostFinance in a legally binding form within 30 days of the notification date.

Please send the completed payment authorization to the invoice issuer's **address as provided above**.

Location/date : _____ Signature(s)* : _____

* Signature of the person giving the authorization or of the authorized agent on the postal account. For collective signatures, two signatures are required.