



Direct debit authorization

> CREDITOR

CHOOSE YOUR VTX BRANCH:

- | | |
|---|--|
| <input type="checkbox"/> VTX Services SA (VJS1W) | <input type="checkbox"/> VTX Deckpoint SA (VTX1W) |
| <input type="checkbox"/> VTX Omedia SA (VTM1W) | <input type="checkbox"/> Arcantel SA (ADS1W) |
| <input type="checkbox"/> VTX Datacomm AG (VGA1W) | <input type="checkbox"/> VTX Intellinet AG (VOA1W) |
| <input type="checkbox"/> Bielstar Sàrl (VJS1W) | <input type="checkbox"/> VSI SA (VAI1W) |
| <input type="checkbox"/> VTX Network Solutions AG (VNS1W) | |

> CUSTOMER

Customer N° : _____

Society : _____

Last/first name : _____

Street/N° : _____

Postal/ZIP code, city : _____

Fill in block 1 if you have an account with a standard bank and block 2 if you have a postal bank account:

> 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.

Place, date : _____

Signature : _____

> BLOCK 2. – POSTAL BANK ACCOUNT: Written consent for direct debit from a postal account

By signing this document I grant authorisation for the company stated here-above to debit amounts due from my Yellow Account. This means of payment is free of charge and authorisation is valid until cancellation on the behalf of the account holder. I retain the rights to revoke credits made, within 30 days following the date upon which the account statement is sent, by making a written request to my Operations Centre. If my account does not have enough funds to cover the amount due, PostFinance is not obliged to debit the amount from the account.

* Customers that do not yet have a Yellow Account must open one first at the postal department or on www.postfinance.ch, before giving the authorisation to debit an account.

Yellow Account number: _____

or IBAN: _____

Last name : _____

First name : _____

Street/N° : _____

Postal/ZIP code, city : _____

Phone : _____

Place/date : _____

Signature : _____

> Rectification (LEAVE BLANK, TO BE FILLED IN BY THE BANK)

N° CB : _____

IBAN : _____

Date : _____

Bank stamp and signature : _____