

Payment authorization *with right of contestation*

CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit) on the PostFinance Ltd postal account or direct debit scheme LSV+ on the bank account

Details of the invoice issuer/creditor

Invoice issuer's subscriber no. (RS-PID)	LSV IDENT.
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Details of the payer (customer)

Customer ref. no.	Company
Last name	First name
Street, no.	Postcode, town
Tel.	E-mail

Debit of postal account with CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit)

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

Place, 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.

Debit authorization for my bank account (LSV+)

I hereby authorize my bank to execute the debits from the above creditor to my account until such time as this authorization is revoked.

Name of bank	Postcode, town
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IBAN (bank account)	IID (if known)
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If there are insufficient funds in my account, my bank is not obliged to execute the debit. I will be notified of all debits to my account. The amount debited will be reimbursed if I submit a binding contestation to my bank within 30 days of the notification date. I hereby authorize my bank to inform the creditor in Switzerland or abroad of the content of this debit authorization and of its subsequent cancellation (if applicable) by whatever means it deems suitable.

Please return the completed debit authorization **to the bank.**

Place, date _____

Signature _____

Adjustment (please leave blank, to be filled out by the bank)

IBAN (bank account)	IID
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Date	Bank's stamp and initials
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