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

SWICA

SWICA Gesundheitsorganisation, Generaldirektion, Römerstrasse 37, 8400 Winterthur

Debit Direct subscriber (RS-PID) **010001456** LSV-IDENT. **SWA1W**

Details of the payer (customer)

Insured party no. Company

Last name First name

Street, no. Postcode, town

Tel. no. (home) Tel. no. (work)

E-mail Date of birth

I would like to pay my premiums via the following direct debit procedure:
☐ through PostFinance (Swiss COR1 Direct Debit) ☐ through my bank (LSV+)

I would like to pay my premiums at the following intervals:
☐ monthly ☐ every two months ☐ every three months ☐ semi-annually ☐ annually

I would like to have my cost contribution debited directly from my account:
☐ through PostFinance (Swiss COR1 Direct Debit) ☐ through my bank (LSV+)

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.

Last name/first name account holder

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 (in CHF) from the above creditor to my account until such time as this authorization is revoked.

Last name/first name account holder

Name of bank Postcode, town

IBAN (bank account)

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

Place, date Signature

Amendment (leave blank, to be completed by the bank)

IBAN

Date Bank's stamp and initials

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