

# Debit authorization with right of contestation for the PostFinance postal account (Debit Direct) and for the bank account (LSV+)



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LSV IDENT. CON1W

## Customer

Ins. no.	Company
Last name	First name
Street, no.	Postcode, town
Tel. no. (home)	Tel. no. (work)
E-mail	

## Debit authorization for my postal account (Debit Direct)

With my signature, I hereby authorize the creditor to debit the due amounts to my postal account until such time as this authorization is revoked.

Postal account no. \_\_\_\_\_

PostFinance is not obliged to execute the debit should the funds available in my account be insufficient. The Debit Direct debits are free of charge for me. I reserve the right to reverse debit transactions by sending written instructions to my Operations Center within 30 days of dispatch of the account statement.

Please return the completed debit authorization **to the aforementioned creditor's address.**

Place, date \_\_\_\_\_ Signature/s\* \_\_\_\_\_

\*Signature of the grantor of power of attorney or authorized person for the postal account. For collective signatures, two signatures are required.

## Debit authorization for my bank account (LSV+)

CHF

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.

Name of bank \_\_\_\_\_ Postcode, town \_\_\_\_\_

IBAN

or account no. \_\_\_\_\_ Bank clearing no. (if known)

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 \_\_\_\_\_

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

BC no.       IBAN

Date \_\_\_\_\_ Bank's stamp and initials \_\_\_\_\_