



Payment authorisation with the right to object

Swiss Direct Debit (CH-DD) basic direct debit from a PostFinance AG post office account or LSV+ direct debit from a bank account

	Policyholder	Account holder (if different)
Policyholder number		
Surname		
First name		
Postcode, town/city		

Scope of this authorisation Premiums and cost contributions
 Premiums only

Payment account I would like all future payments to be made into the account below.

Information about transfer time Until this authorisation has been registered in full, you will receive your premium statements and/or benefit statements as usual.

<input type="checkbox"/> For bank accounts	<input type="checkbox"/> For post office accounts
Please send the completed payment authorisation to your bank.	Please send the completed payment authorisation to the following address: Vivao Sympany AG, Peter Merian-Weg 4, 4002 Basel
Debiting the bank account via direct debit (LSV+) I hereby authorise my bank, until further notice, to debit direct debit payments in CHF requested by the above-mentioned payee from my account. My bank bears no responsibility for the direct debit payment if my account has insufficient funds to cover the payment. I shall be notified of every direct debit payment taken from my account. The debited amount shall be refunded to me if I submit an objection to my bank in binding form within 30 days of the date of notification. I authorise my bank to notify the payee in Switzerland or abroad of the contents of this direct debit authorisation as well as any subsequent cancellation thereof via any means of communication the bank deems appropriate.	Debiting the post office account via Swiss Direct Debit (CH-DD) basic direct debit The customer hereby authorises PostFinance, until further notice, to debit the amounts due that are specified by the above-mentioned payee from his account. If the account has insufficient funds to cover the payment, PostFinance may check the account several times in order to carry out the payment but bears no responsibility for making the direct debit payment. The customer shall be notified by PostFinance via the agreed means of communication (e.g. account statement) of every direct debit payment taken from his account. The debited amount shall be refunded to the customer if he submits an objection in binding form to PostFinance within 30 days of the date of notification.

Name of bank: _____
Address of bank: _____
Account holder: _____
IBAN: CH _____

Place, date	Policyholder's signature	Account holder's signature (if different)
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Signature of the issuer of the power of attorney or the authorised person connected to the account. Two signatures are required for joint signatures.

Bank authorisation (please leave empty as the bank will complete this part)

IBAN: CH _____

Date	Stamped and initialled by the bank
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