

Direct debit (LSV) I.D.: OEB1W  
Billor participant I.D. (RS-PID): 4110100000631269

**Vivao Sympany AG**  
Peter Merian-Weg 4  
4002 Basel



## Payment authorisation with the right to object

LSV+ direct debit from a bank account or basis direct debit (Swiss COR1 Direct Debit) from a PostFinance AG account

	Policyholder	Account holder (if different)
Policyholder number	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Postcode/city	<input type="text"/>	<input type="text"/>

**Scope**  Premiums and cost contributions  Premiums only

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

**For a bank account**

Please send the completed payment authorisation to your bank.

**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 authorize 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.

**For a post office account**

Please send the completed payment authorisation to the following address:

**Vivao Sympany AG, Peter Merian-Weg 4, 4002 Basel.**

**Debiting the post office account via Swiss Direct Debit**

I hereby authorise PostFinance, until further notice, to debit the amounts due that are specified by the above-mentioned biller participant from my account.

If my 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. I shall be notified by PostFinance via the agreed means of communication (e.g. account statement) of every direct debit payment taken from my account. The debited amount shall be refunded to me if I submit an objection in binding form to PostFinance within 30 days of the date of notification.

SS200622150005334286



Name of bank/PostFinance branch	<input type="text"/>
Address	<input type="text"/>
Account holder	<input type="text"/>
IBAN	CH <input type="text"/>

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.

**LSV+: Bank authorisation (please leave empty as the bank will complete this part)**

IBAN	CH <input type="text"/>
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Date	Stamped and initialled by the bank
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