

Direct debit (LSV) I.D.: SYMV1
Biller participant I.D. (RS-PID): 41101000000631172

Sympany Versicherungen AG/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		
Surname		
First name		
Postcode/city		

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.

Name of bank/PostFinance branch	
Address	
Account holder	
IBAN	CH

Place/date	Policyholder's signature	Account holder's signature (if different)

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
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Date	Stamped and initialised by the bank