

Payment authorisation with right of objection

CH-DD basic debit (Swiss COR1 Direct Debit) to the postal account of PostFinance Ltd or LSV+ direct debit procedure to the bank account

Details of the invoicing party/payee

Cembra Money Bank, Customer Care, P.O. Box, 8048 Zurich

Subscription no. of the Invoicing party (RS-PID) 41101000000577531LSV IDENT. GECD1

Information on the direct debit payer (Customer)

Customer reference no.	<input type="text"/>	Company name	<input type="text"/>
Surname/ First name	<input type="text"/>		
Street and house no.	<input type="text"/>	Postcode	<input type="text"/>
Town/City	<input type="text"/>	Phone Numer	<input type="text"/>
Email, address	<input type="text"/>		

Debiting the postal account using CH-DD basic debit (Swiss COR1 Direct Debit)

The customer hereby authorises PostFinance, until further notice, to debit from his account the amounts due as indicated to it by the above invoicing party.

IBAN (post account)

If the account does not have the required credit balance, PostFinance may check it several times in order to perform the payment, but is not obliged to perform the debit. PostFinance shall notify the Customer of any debiting of his/her account in the form agreed with him/her (e.g. by means of an account statement). The amount debited shall be reimbursed to the customer if he/she files a binding objection with PostFinance within 30 days of the notification date.

Please send the completed payment authorisation to the above-referenced address of the invoicing party.

Place, Date , , , (dd.mm.yyyy)

Signature(s):

* Signature of the principal or agent on the postal account. In the case of collective signature authority, two signatures are required.

Debiting the bank account by means of LSV+

I hereby authorise my bank, until further notice, to debit from my account the direct debits submitted to it by the above-referenced payee.

Name of bank

Postcode, Town/City

IBAN (bank account)

If my account does not have the required credit balance, there is no obligation for my bank to debit it. Every debit from my account will be notified to me. The amount debited shall be reimbursed to me if I file a binding objection with my bank within 30 days of the date of notification. I authorise my bank to inform the payee in Switzerland or abroad of the content of this debit authorisation and of any subsequent cancellation thereof by any means of communication deemed appropriate by the bank.

Please send the fully completed debit authorisation to the Bank.

Place, Date , , , (dd.mm.yyyy)

Signature(s):

Authorisation (please leave blank, will be completed by the Bank)

IBAN (bank account)

Date , , , (dd.mm.yyyy)

Stamp and "seen" confirmation of the Bank