## Payment authorization with right of contestation

CH-DD COR1 Direct Debit on the PostFinance Ltd postal account or direct debit scheme LSV+ on the bank account



Gesundheit für Generationen

Bruggerstrasse 46, Postfach, 5401 Baden Tel. +41 56 203 44 44, Fax +41 56 203 44 99 www.aquilana.ch

Payee: Aqui	lana Versicherunge	en, Bruggerstrasse	46, 5400 Baden			
<b>RS-PID</b> 4110	1000000603818	LSV + ider	ntity: KABB1			
Payer:	Surname			Forenan	ie	
Street, no.				Postcode, place		
Telephone				if known: <b>insuree n</b>	0	
Premium pag	yment	🗌 bank (LSV+)	PostFinance Ltd	(Swiss COR1 Direct D	ebit)	
*= with discount		🗌 monthly	2-monthly	🗌 quarterly	🗌 half-yearly*	🗌 yearly*
Payment of cost share		🗌 bank (LSV+)	PostFinanceLtd (	(Swiss COR1 Direct De	ebit)	

## Debit of postal account with CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit)

The customer hereby authorizes PostFinance to debit from his or her account the amounts due as indicated by the above invoice issuer, until such time as this authorization is revoked. If the account does not contain sufficient funds, PostFinance can check on their availability several times but is not obliged to execute the debit. The customer will be notified by PostFinance of every debit from the account in the agreed-upon form (e.g. on the account statement). The debited amount will be recredited to the customer if he or she submits an objec- tion to PostFinance in a legally binding form within 30 days of the notification date.

	IBAN (postal account)						
Place/Date	Signature(s) of the account holder(s)	Signature(s) of the account holder(s)*					

\* Signature of the person giving the authorization or of the authorized agent on the postal account. For collective signatures, two signatures are required.

Please return the completed payment authorization to Aquilana Insurance's address as provided above.

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

I hereby authorize my bank to execute the debits from the above creditor to my account until such time as this authorization is revoked. 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.

LSV+ identification KABB1	Name ot bank
	Postcode, place
IB	BAN (bank account)
Place/Date	Signature
Please return the completed de	lebit authorization <b>to the bank.</b>
Correction (please leave bla	ank; to be completed by the bank)
IE	BAN (bank account)
Date	Stamp and initials of the bank