CONCORDIA

Swiss Health and Accident Insurance Ltd
Bundesplatz 15
6002 Lucerne

Payment authorisation with right of objection

CH-DD Direct Debit (Swiss COR1 Direct Debit) on the postal account at PostFinance Ltd or Direct Debit (LSV+) on the bank account

Policy holder

Insurance n° _____

First name _____

Name/Co. _____

Address _____

PC, town _____

☐ Account holder is not policy holder

Customer n° _____

First name _____

Name/Co. _____

Address _____

PC, town _____

CONCORDIA branch _____

☐ Debit to a postal account with CH-DD Direct Debit (Swiss COR1 Direct Debit)

RSPID: 41101000000621181

The customer hereby authorises PostFinance to debit the indicated amounts due to the invoicing party above from the customer's account until this authorisation is revoked.

IBAN (postal account) ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐

If there are insufficient funds in the account, PostFinance can check repeatedly in order to complete the payment, but is not obligated to carry out the debit. The customer will be notified by PostFinance of each debit to the account in the manner agreed with the customer (e.g. on the account statement). The amount debited will be reimbursed to the customer if he/she submits a binding contestation to PostFinance within 30 days of the notification date.

_____
Location, date

_____
Signature of person giving authorisation or authorized person of the postal account. For collective signatures, two signatures are required.

Please return the fully completed payment authorisation **to the aforementioned invoicing party's address**.

☐ Debit to a bank account with LSV+

LSV-ID: CON1W

I hereby authorise the bank to debit the indicated amounts due to the invoicing party above from the following account until this authorisation is revoked.

Name of bank _____ PC, town _____

IBAN (Bank) ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐

If there are insufficient funds in the account, the bank is not obligated to carry out the debit. I will be notified of all debits to my account. The amount debited will be reimbursed to me if I submit a binding contestation to my bank within 30 days of the notification date. I authorise my bank to notify the creditor in Switzerland or abroad of the content of this payment authorisation, as well as of its possible subsequent cancellation, using whatever means of communication deemed appropriate by the bank.

_____
Location, date

_____
Signature of person giving authorisation or authorized person of the bank account. For collective signatures, two signatures are required.

Please return the fully completed payment authorisation to **your bank**.

Amendment (leave blank, to be completed by the bank)

IBAN ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐

_____
Date

_____
Stamp and initials of the bank

Print form