

Debit authorization LSV+

Direct Debit (Bank)

Name of Bank _____

Street _____

Postal code, City _____

Please forward
the completed
form to your
bank.

LSV IDENT.
SLR2W

Debit Direct (Postfinance)

Currently not available.

Personal details

Ref. No. _____

IBAN _____

Account holder _____

Address _____

Invoices are issued by paying-in slip until the
debit authorisation is approved by your bank.

Place _____

Date _____

Signature _____

Debit authorization with right of objection

I hereby authorize my bank to
deduct debits **in CHF** from the
above-listed creditor directly
from my account until this
authorization is revoked.

If there are insufficient funds in
my account, then my bank is not
obligated to carry out the debit.

I will be notified of each debit to
my account. The amount debited
will be repaid to me if I contest
the debit in binding form to my
bank within 30 calendar days of
date of notification.

I authorize my bank to notify the
creditor in Switzerland or abroad
about the contents of this debit
authorization as well as any
subsequent rescinding thereof
with the means of
communications considered best
suited by the bank

Leave blank, to be completed by the bank:

IBAN	IID
Date	Stamp and visa of the bank

Anweisung an die Bank/Instructions to the bank:
Senden Sie das Formular an/Send the form to Swiss Life AG, Hypotheken, Postfach 2831, 8022 Zürich