

# Deletion of powers of attorney and e-finance authorizations

Customer master number \_\_\_\_\_  
 Description \_\_\_\_\_

The following people are no longer authorized signatories for any part of the business relationship. Please delete their signatures:

Last name	First name
_____	_____
_____	_____
_____	_____

The following persons no longer have signing authority for our account. Please delete their signatures:

Account number	Last name	First name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please delete the e-finance authorizations for the following persons for account:

Account number <sup>1</sup>	_____	Last name	_____
E-Finance number	_____	First name	_____
Account number <sup>1</sup>	_____	Last name	_____
E-Finance number	_____	First name	_____
Account number <sup>1</sup>	_____	Last name	_____
E-Finance number	_____	First name	_____
Account number <sup>1</sup>	_____	Last name	_____
E-Finance number	_____	First name	_____

<sup>1</sup> If no account number has been given, the user will be deleted for the entire business relationship.

Location	Date
_____	_____

Signature*	┌	└	Signature*	┌	└
Last name	_____		Last name	_____	
First name	_____		First name	_____	

\* Signature of the holder/body or authorized person. Two signatures are required for joint signatory powers.

**Please send the form to:** PostFinance Ltd, Scan Center, 3002 Berne

### To be completed by PostFinance

Partner number	_____
Order number	_____

