

Payment authorization *with right of contestation*

PostFinance Ltd CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit)

Details of the invoice issuer

Subscriber number of the invoice issuer (RS-PID)

Details of the payer (customer)

Customer ref. no.	Company
Last name	First name
Street, no.	Postcode, town
Tel.	E-mail

The customer hereby authorizes PostFinance to debit from his or her account the amounts due as indicated by the above invoice issuer, until such a time as this authorization is revoked.

IBAN (postal account)

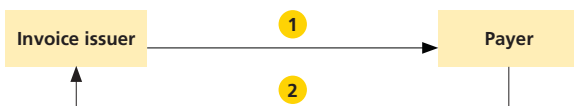
If the account does not contain sufficient funds, PostFinance can check on their availability several times but is not obliged to execute the debit. The customer will be notified by PostFinance of every debit from the account in the agreed-upon form (e.g. on the account statement). The debited amount will be re-credited to the customer if he or she submits an objection to PostFinance in a legally binding form within 30 days of the notification date.

Please send the completed payment authorization to the invoice issuer's address **as provided above**.

Location, date

Signature(s)*

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



1. The invoice issuer provides the payer with a payment authorization.
2. The payer sends the completed payment authorization to the issuer's address mentioned above.