

Debit authorizathion with right of objection for the bank account (LSV+) and for the PostFinance postal account (Debit Direct)

## Creditor

Cornèr Bank Ltd. Cornèrcard Via Canova 16 6901 Lugano

LSV IDENT. CBL11	
Customer	
Billing unit	Company
Last name	First name
Adress	Postcode, town
Tel. no. (home)	Tel. no. (work)
Mobile	E-mail
☐ 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.  Name of bank Postcode, town	
IBAN	
Account no.	Bank clearing no. (if known)
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.	
Please return the completed debit authorization to your bank.	
ricase retain the completed depit dufferization to your bank.	
Place, date	Signature
	Signature  CB. No.
Place, date	
Place, date  Amendment (leave blank, to completed by the bank)	
Amendment (leave blank, to completed by the bank)  IBAN	CB. No.
Place, date  Amendment (leave blank, to completed by the bank)  IBAN	CB. No.
Amendment (leave blank, to completed by the bank)  IBAN	CB. No.
Amendment (leave blank, to completed by the bank)  IBAN	CB. No.
Amendment (leave blank, to completed by the bank)  IBAN	CB. No. Bank's stamp and initials  E Direct)  mounts to my postal account until such time as this authorization is allable in my account be insufficient. The Debit Direct debits are free of ending written instructions to my Operations Center within 30 days of
Amendment (leave blank, to completed by the bank)  IBAN	CB. No. Bank's stamp and initials Direct)  ## Direct  ## Direct debits are free of ending written instructions to my Operations Center within 30 days of the completed debit authorization.
Amendment (leave blank, to completed by the bank)  IBAN	Bank's stamp and initials  t Direct)  mounts to my postal account until such time as this authorization is  aliable in my account be insufficient. The Debit Direct debits are free of ending written instructions to my Operations Center within 30 days of the completed debit authorization.  Signature  Signature

\_\_\_Signature \_\_\_\_

The required payment will correspond to 2,5% of the balance of your bill (minimum CHF 50.--).

Place, date \_\_\_\_\_