

# Payment authorisation with right of objection

CH-DD basic direct debit (Swiss COR1 Direct Debit) for a Postfinance AG postal account or LSV+ direct debit for a bank account.

## Policyholder

Customer no.

First name

Surname

Address

Postcode, city

## Account holder

(only complete if not identical with policyholder)

Customer no.

First name

Surname

Address

Postcode, city

## Account details\*

### ☐ Debit postal account via CH-DD direct debit (Swiss COR1 Direct Debit)

The customer hereby authorises Postfinance AG to deduct amounts due to the above billing party from his/her account until further notice.

IBAN (postal account)

If my account does not have sufficient funds, Postfinance can check the account balance several times in order to execute the payment, but is not obliged to make the payment. The client will be advised of all debits to the account by Postfinance in the agreed manner (e.g. statement of account). The debited amount will be reimbursed to the client if he submits a binding objection to Postfinance within 30 days of the date of notification. Please complete the debit authorisation form and send it directly to: Sanitas, Debitoren Zahlungsverkehr, Jägergasse 3, Postfach, 8021 Zürich.

### ☐ Debit bank account via LSV+ direct debit

My signature authorises my bank to debit my account for direct debit payments submitted by the above recipient until further notice.

Direct debit ID: SAN1W

Name of bank

Postcode, town/city

IBAN (bank account)

If my account does not have sufficient funds, the bank is not obliged to make the payment. I am notified of every payment made from my account. I will be reimbursed a debited amount if I submit a binding objection to my bank within 30 days of the date of notification. I authorise my bank to inform the payee in Switzerland or abroad of the content of this debit authorisation as well as its revocation at a later date, if applicable, using any means of communication that the bank may deem suitable. Please complete the debit authorisation form and send it directly to your bank.

Note that premium payments are debited on the 1st working day of the month. Until this authorisation takes effect, please continue to use your current method of payment to settle invoices.

Place and date

Signature 1\*\*

Signature 2\*\*

\* This account will be used to reimburse any payments made in your favour in the future.

\*\* Signature of the principal or authorised person for the postal account/bank account. For joint accounts, two signatures are required.

**Please leave blank – to be completed by the bank.**

IBAN

BC No.

Date

Stamp and initials of bank

# Quick and easy way to pay Sanitas invoices

With bank direct debits (LSV+) or Postfinance CH-DD, you can pay invoices automatically and without delay. This method of payment is practical, convenient and completely secure.

You can revoke any payment in writing within 30 days. This method simplifies the system of payments for you and us, thereby helping to keep our administrative costs down. If you have chosen to pay by LSV+ or CH-DD, you will receive the payment authorisation form with your application confirmation. What to do when you receive the payment authorisation:

## **CH-DD**

Complete the payment authorisation form for CH-DD (Postfinance) and send it to Sanitas.

## **Bank direct debit (LSV+)**

Complete the payment authorisation form for LSV+ (bank) and send it to your bank, which will confirm and initial the authorisation and send it to us.

## **Benefits for you**

- Regular recurring invoices for different amounts are paid automatically.
- If contract amendments lead to changes in premiums, the correct amount will be debited automatically from your account. This is in contrast to standing orders or payment orders, which you have to change manually.
- No fees for administration.
- Invoices always paid on time.
- Due dates don't change.
- No more paper invoices.
- Right of revocation: You can object to debited amounts quickly and easily. You will be advised of all debits to your account by your bank. A debited amount will be reimbursed to you if you submit a binding objection to your bank/Postfinance within 30 days of the date of notification.

## **Please note:**

- If your account does not have sufficient funds, the amount will not be debited and you will be sent a paying-in slip.
- As long as you still receive invoices with paying-in slips from Sanitas, please pay these as normal via your postal or bank account.
- Premium payments are debited on the first working day of the month.