

DEBIT AUTHORISATION WITH RIGHT TO OBJECT FOR BANK ACCOUNTS (LSV+) AND POSTFINANCE POSTAL ACCOUNTS (DEBIT DIRECT)

Payment recipient

Cornèr Banca SA
 Cornèrcard
 Via Canova 16
 6901 Lugano
 LSV IDENT. CBL11

Payer	
Billing unit	Company
Surname	First name
Address	Postcode, town/city
Private phone number	Business phone number
Mobile phone number	E-mail

Request to debit the minimum rate (with the exception of InterCard / Business)

I hereby request that you debit only the minimum rate and not the entire balance to my account. (only valid if signed)
 The monthly payment is 5% of the total bill (at least CHF 100)

Place, date _____ Signature _____

Debit to my bank account (LSV+)

I hereby authorise my bank to debit the payments it is notified of by the above payment recipient to my account until this authorisation is revoked.

Name of bank _____ Postcode, town/city _____

IBAN

If the balance of my account is insufficient, my bank is not obliged to carry out the debit. I will be notified of all debits to my account. The debited amount will be refunded to me if I lodge a binding objection with my bank within 30 days of the date of notification. I authorise my bank to notify the payment recipient in Switzerland or abroad of the content of this debit authorisation and any later termination thereof by all means of communication that appear suitable to the bank.
 Please send the completed debit authorisation to your bank.

Date _____ Signature _____

Correction (please leave blank; this section will be completed) BC no.

IBAN

Luogo/data _____ Stamp and sign-off of the bank _____

Debit to my postal account (Debit Direct)

With my signature below, I authorise the payment recipient to debit the amounts due to my postal account until this authorisation is revoked.

Postal account no. _____

If the balance of my account is insufficient, PostFinance is not obliged to carry out the debit. Debit Direct debits are free of charge for me. I have the right to cancel payments in writing to my Operations Center within 30 days of the date on which the account statement is sent.
 Please send the completed debit authorisation for the payment recipient to **Cornèrcard, Via Canova 16, 6900 Lugano.**

Luogo/data _____ Firma _____