



Please send the completed and signed form to your bank/ PostFinance

## DEBIT AUTHORISATION (LSV+/CH-DD)

### Please note:

Once you stop receiving a pay-in slip with your monthly invoice, the direct debit has taken effect. Until then, please pay as usual using the pay-in slip.

PostFinance customers can also register for CH-DD mandates directly at [myupc.ch](http://myupc.ch).

### Personal details

First name, Surname	<input type="text"/>	Telephone	<input type="text"/>
Street, no.	<input type="text"/>	E-mail	<input type="text"/>
Postcode, town	<input type="text"/>		
Customer number*	<input type="text"/> - 1	Invoice number	<input type="text"/>

You will find your customer number and invoice number at the top right of your bill.

\* If you are an Internet, Mobile and digital TV customer, the debit authorisation will be implemented for all products. Otherwise, it will apply to the product to which you have subscribed. If your HD cable connection is not included in your rent and you also wish to pay for this service by direct debit, please contact our customer service on 0800 66 88 66.

### My bank details

Bank name	<input type="text"/>	IBAN (you can find the IBAN on your bank statement)	<input type="text"/>
Postcode, town	<input type="text"/>	CH	<input type="text"/>

### Debit authorisation with right of objection for the bank/post office account

hereby authorize my bank/Postfinance to deduct debits in CHF from the above-listed creditor directly from my account until this authorization is revoked. If there are insufficient funds in my account, then my bank/Postfinance is not obliged to carry out the debit. I will be notified of each debit to my account. The amount debited will be repaid to me if I contest the debit in binding form to my bank/Postfinance within 30 calendar days of date of notification. I authorize my bank/Postfinance to notify the creditor in Switzerland or abroad about the contents of this debit authorization as well as any subsequent rescinding thereof with the means of communications considered best suited by the bank/Postfinance.

Place, date

Signature

Please leave empty, for bank use only.

BC no.:	<input type="text"/>	IBAN:	<input type="text"/>
Date:	<input type="text"/>	Stamp and visa of the bank:	<input type="text"/>

**Banks please send the form to:** Sunrise LLC, LSV+/CH-DD, Thurgauerstrasse 101B, 8152 Glattpark (Opfikon)