# Payment authorization with right of contestation

CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit) on the PostFinance Ltd postal account or direct debit scheme LSV+ on the bank account

CSS Insurance

INTRAS Assurance-maladie SA
Mailroom
Tribschenstrasse 21
P. O. Box 2568
6002 Lucerne

LSV IDENT. INS1W
RS-PID 41101000000612063

**Premium payer**

Customer no. _____ Date of birth _____

Last name _____ First name _____

Street, no. _____

Postcode, town _____

**Authorisation valid for**

☐ Premiums and co-payments (default if no selection made) ☐ Premiums only ☐ Co-payments only

☐ **Debit for my postal account**

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.

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 return the completed and signed payment authorization to INTRAS Assurance-maladie SA **at the above address** or per email to **debitdirect@css.ch**.

☐ **Debit for my bank account**

I hereby authorise my bank to deduct bill payments presented to it by INTRAS Assurance-maladie SA from my account in CHF, until such time as this authorisation is revoked.

Name of bank _____

Postcode, town _____

My bank is under no obligation to debit my account if it does not contain sufficient funds. I will receive a debit advice for each direct debit payment from my account. The amount debited will be reimbursed if I contest the payment in binding form with my bank within 30 days of dispatch of the account statement. I authorise my bank to notify the payment recipient in Switzerland or abroad of the content of this payment authorisation, including any subsequent revocation thereof, using any means of communication deemed appropriate by the bank.

Please complete the payment authorisation in full and send it **to your bank.**

IBAN C H _____

Place, date _____ Signature/s* _____

*Signature of the grantor of power of attorney or authorised person for the postal account. Two signatures are required for collective signatures.

**Rectification** (please leave blank, to be completed by the bank)

IBAN _____

Date _____ Bank's stamp and initials _____