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# Debit authorization with right of objection of invoices from peoplefone AG

Complete this form, sign it and send it **to your bank**.

## Customer

Company: \_\_\_\_\_

Street, House no.: \_\_\_\_\_

Postal code, City: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Customer no.: \_\_\_\_\_

(5-6 digit number in your peoplefone customer profile)

## My bank details

Bank name: \_\_\_\_\_

Postal code, City: \_\_\_\_\_

IBAN: \_\_\_\_\_

Account no.: \_\_\_\_\_

## Payment beneficiary: peoplefone AG, Albisstrasse 107, CH-8038 Zurich

I hereby authorize my bank to deduct debits in CHF submitted by peoplefone AG directly from my account until this authorization is revoked. If there are insufficient funds in my account, then my bank is not obligated to carry out the debit.

I will be notified of each debit to my account.

Please send this form filled out and signed **to your bank**.

The amount debited will be refunded to me if I contest the debit in binding form to my bank within 30 days of notification.

I authorize my bank 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.

### Please note

As soon as the direct debit payment method has been activated at your bank, you will receive a confirmation. Until then, any bills must be paid as usual with the Payment slip.

**City, date** \_\_\_\_\_

**Signature** \_\_\_\_\_

### Authorization (Leave blank, to be completed by the bank)

BC-no.:

The IBAN is correct

The corrected IBAN is

**City, date** \_\_\_\_\_

**Stamp & signature of the bank** \_\_\_\_\_