

## Bank/PostFinance debit authorisation

## Please send the debit authorisation to: Please note: upc cablecom GmbH Once you stop receiving a pay-in slip with your monthly invoice, the direct debit has taken effect. Until then, please pay as usual LSV-DD using the pay-in slip. Postfach 6009 Luzern 1. Return the duly 2. upc cablecom sends the upc cablecom receives completed LSV direct debit LSV direct debit form to the confirmation/activation form to upc cablecom\* bank/PostFinance upc cablecom upc cablecom 4 upc cablecom sends the invoice without the pay-in slip. The amount will be debited automatically.

\* As a bank customer, you can accelerate registration by asking your bank to stamp the form then returning the completed form to upc cablecom.

Personal details	My bank/post office details
First name, Surname	Bank name
Street, no.	Postcode, town
Postcode, town	IBAN (you can find the IBAN on your bank statement)
Account number*	
Telephone (for questions)	Bank clearing no.
E-mail	Post office account

 $\square$  I would like to receive my invoice by e-mail

\* If you are an Internet, phone 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.

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

I 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.:	IBAN:
Date:	Stamp and visa of the bank: