

Direct debit authorization with right of objection for bills from Sunrise Communications AG

I hereby authorize my bank/PostFinance to deduct debits 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 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 office.

My personal information

Sunrise customer no.:

First Name, Last Name: _____

Street, No.: _____

ZIP, location: _____

Phone no.:

Bank details (for direct debit with bank, please send this form completed and signed to your bank)

Name of bank: _____

ZIP, location: _____

IBAN, 21-character:

Name of account holder: _____

Post bank details (for direct debit with PostFinance, please send this form completed to Sunrise with the business reply mail)

IBAN, 21-character

Name of account holder: _____

Place, date: _____

Signature: _____

Rectification

(Leave blank, to be completed by the bank.)

No. BC: IBAN, 21-character

Date: _____ Bank stamp and initials: _____