

Payment authorisation with right of contestation

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

ÖKK5002/02.26

Customer

Last name: _____ First name: _____
Street, no.: _____ Post code/place: _____
Insurance no.: _____

Scope of application

Premiums and cost sharing Premiums Cost sharing

Debit of postal account (with CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit)) RS-PID 4110 1000 0006 0362 4

I hereby authorise PostFinance to debit from my account the amounts due as indicated by ÖKK Kranken- und Unfallversicherungen AG, until such a time as this authorisation is revoked.

IBAN: _____

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 payment authorisation to ÖKK Kranken- und Unfallversicherungen AG's address as provided below.

Place, date: _____ Signature(s)*: _____

Debit authorisation for my bank account LSV IDENT. OKG1W

I hereby authorise my bank to execute the debits from ÖKK Kranken- und Unfallversicherungen AG to my account until such time as this authorisation is revoked.

Bank name: _____ Post code/place: _____

IBAN: _____

If there are insufficient funds in my account, my bank is not obliged to execute the debit. I will be notified of all debits to my account. The amount debited will be reimbursed if I submit a binding contestation to my bank within 30 days of the notification date. I hereby authorise my bank to inform the creditor in Switzerland or abroad of the content of this debit authorisation and of its subsequent cancellation (if applicable) by whatever means it deems suitable.

Please return the completed payment authorisation to ÖKK Kranken- und Unfallversicherungen AG's address as provided below.

Place, date: _____ Signature(s)*: _____

Authorisation (please leave blank, to be filled out by the bank)

IBAN: _____

Date: _____ Bank's stamp and initials: _____

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