Cembra

Direct debit

Please send the debit authorisation, completed and signed, to your bank for set-up. As soon as you have received the form back from the bank, please forward it to us (Cembra Money Bank AG, Bändliweg 20, 8048 Zurich, Switzerland). We will then change the method of payment on your credit card account accordingly.

If you would like to use your post office account for the direct debit, you can send the completed and signed debit authorisation straight back to us. It does not need to be set-up by the Swiss Post Office.

The direct debit will debit the monthly Mastercard invoice amounts directly from your bank or post office account. We would like to draw your attention to the following relevant points:

- The total invoice amount will be automatically debited eleven days after the invoice date. This rules out partial payment.
- If a debit from your bank or post office account is rejected three times in a row, we reserve the right to terminate your direct debit order.
- We will levy a processing charge of CHF 30 for every account debit rejected by the bank or post office and every unjustified objection on your part.

The direct debit will begin as soon as you no longer receive a payment slip with your monthly invoice. Until such time, please continue transferring the invoice amount according to the details on the payment slip.

Please do not hesitate to contact us by phone on 044 439 40 20 for more information.

Cembra

Payment authorisation with right of objection

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

Details of the invoicing party/payee

Cembra Money Bank, Cards Services, Bändliweg 20, 8048 Zurich

Subscription no. of the Invoicing party (RS-PID) 41101000000577531LSV IDENT. GECD1

Information on the direct debit payer (Customer)

Customer reference no.									Cor nar	npany	/	I	1		I		1	1		I	I			I		
Surname/																										
First name Street and house no.																				Pc	stco	de				
Town/City														hone umb												
Email, address																										
Debiting the postal account using CH-DD basic debit (Swiss COR1 Direct Debit) The customer hereby authorises PostFinance, until further notice, to debit from his account the amounts due as indicated to it by the above invoicing party.																										
IBAN (post acc	ount)																									
If the account does not have the required credit balance, PostFinance may check it several times in order to perform the payment, but is not obliged to perform the debit. PostFinance shall notify the Customer of any debiting of his/her account in the form agreed with him/her (e.g. by means of an account statement). The amount debited shall be reimbursed to the customer if he/she files a binding objection with PostFinance within 30 days of the notification date.													ith													
Please send th	ie comple	eted p	baym	ent a	uthor	isati	ion t	o the	e abo	ve-ref	eren	ced a	ıddr	ess	of th	e in	void	cing	part	ty.	1					
Place, Date],								(dd.n	im.yy	уу)		
Signature(s): * Signature of the p	orincipal or a	igent o	n the p	ostal a	.ccount.	In the	e case	of coll	ective	signatu	ıre autl	nority,	two	signat	tures a	are re	quire	ed.								
* Signature of the principal or agent on the postal account. In the case of collective signature authority, two signatures are required. Debiting the bank account by means of LSV+ I hereby authorise my bank, until further notice, to debit from my account the direct debits submitted to it by the above-referenced payee.																										
							debi	it fror	m my	accou	unt th	e dir	ecto	debit	s sul	bmi	tted	to i	t by 1	the	abov	e-ref	eren	ced	paye	ee.
							debi	it fror	m my	accou	unt th	e dir	ecto	debit	s sul	bmi [.]	tted	to if	t by 1	the	abov	e-ref	eren	ced	paye	ee.
I hereby autho Name							debi	it fror	m my 	' accou	unt th	e dir	ect (debit	s sul	bmi [:]	tted	to if	t by 1	the i	abov	e-ref	eren	iced	paye	ee.
I hereby autho Name of bank Postcode,	rise my ba						debi	it fror	m my	' accol	unt th	e dir	ect (debit	is sul	bmi [.]	tted	to it	t by 1	the -	abov	e-ref	eren	iced	paye	ee.
I hereby autho Name of bank Postcode, Town/City	rise my ba	ank, u	the ronoun ise m	equir t deb	r notic	e, to	balar be re m th	nce, t eimbu	here: ursec	is no d to m	oblig e if I i zerla	atio ile a nd o	n foi bine r abi	r my ding road	ban obje of t	k to	det on w	Dit it vith ent	. Eve my l	ery o	lebit k wit	fror hin 3	n my 80 da	/ acc	coun	nt ne
I hereby autho Name of bank Postcode, Town/City IBAN (bank acc If my account will be notified date of notific	rise my ba	have have have latior	the r noun ise m n ther	equir t deb y bar eof b	r notic	e, to edit I hall nfor mea	balar be re m th ans o	nce, t eimbu e pay f con	here urseo yee in nmu	is no d to m n Swit	oblig e if I i zerla	atio ile a nd o	n foi bine r abi	r my ding road	ban obje of t	k to	det on w	Dit it vith ent	. Eve my l	ery o	lebit k wit	fror hin 3	n my 80 da	/ acc	coun	nt ne
I hereby autho Name of bank Postcode, Town/City IBAN (bank acc If my account will be notified date of notific any subsequent	rise my ba	have have have latior	the r noun ise m n ther	equir t deb y bar eof b	r notic	e, to edit I hall nfor mea	balar be re m th ans o	nce, t eimbu e pay f con	here urseo yee in nmu	is no d to m n Swit	oblig e if I i zerla	atio ile a nd o	n foi bine r abi	r my ding road	ban obje of t	k to	det on w	Dit it vith ent	. Eve my l	ery o	lebit k wit	fror hin 3 auth	n my 80 da	y aco ays satio	coun	nt ne
I hereby autho Name of bank Postcode, Town/City IBAN (bank acc If my account will be notified date of notific any subsequent Please send th Place, Date Signature(s):	rise my ba	ank, u	the r noun ise m ther	urthei	r notic	edit l hall nfor mea	balar be re m th ans o	nce, t embu e pay f con to th	here ursec yee in nmun	is no d to m n Swit nicatio	oblig e if I i zerla	atio ile a nd o	n foi bine r abi	r my ding road	ban obje of t	k to ectio	det on w	Dit it vith ent	. Eve my l	ery o	lebit k wit	fror hin 3 auth	n my 80 da ioris	y aco ays satio	coun	nt ne
I hereby autho Name of bank Postcode, Town/City IBAN (bank acc If my account will be notified date of notific any subseques Please send th Place, Date	rise my ba	ank, u	the r noun ise m ther	urthei	r notic	edit l hall nfor mea	balar be re m th ans o	nce, t embu e pay f con to th	here ursec yee in nmun	is no d to m n Swit nicatio	oblig e if I i zerla	atio ile a nd o	n foi bine r abi	r my ding road	ban obje of t	k to ectio	det on w	Dit it vith ent	. Eve my l	ery o	lebit k wit	fror hin 3 auth	n my 80 da ioris	y aco ays satio	coun	nt ne
I hereby autho Name of bank Postcode, Town/City IBAN (bank acc If my account will be notified date of notific any subseque Please send the Place, Date Signature(s): Authorisation	rise my ba	ank, u	the r noun ise m ther	urthei	r notic	edit l hall nfor mea prisa	balar be re m th ans o	nce, t e pay f con to th	here ursec yee in nmun	is no d to m n Swit nicatio nk.	oblig e if I i zerla	ation iile a nd o eme	n for bind r abi	r my ding road pprop	ban obje of t priat	k to ectid he c e by	det on v ont / the	bit it vith ent bal	. Eve my l of th nk.	ery o ban his c	lebit k wit	fror hin 3 auth	n my 80 da ioris	y aco ays satio	coun	nt ne