Direct debit authorisation with right to object
LSV+ direct debit to the bank account

Details of the invoicing party / payee
Visana AG, Weltpoststrasse 19, 3000 Bern 16

LSV IDENT **VBE2W**

Details of paying party (customer)

Visana insurance no. and/or OASI/AHV no.:			
Surname, first name			
Street		Postcode, town/city	
Email		Telephone no.	

Bank account debit by LSV+
I hereby authorise my bank to debit from my account the direct debit sums in CHF submitted to it by the above payee. This authorisation applies until further notice.

Bank name		Postcode / town/city	
IBAN (bank account)			

My bank will be under no obligation to debit payment if there are insufficient funds in my account. I will be notified of all debits to my account. The amount debited will be returned to me if I lodge an objection with my bank in the customary form within 30 days of the date of notification. I authorise my bank to notify the payee in Switzerland or abroad of the contents of this debit authorisation and, where applicable, of its subsequent cancellation using any form of communication that the bank deems suitable.

Place, date		Signature	

Correction (please leave blank, will be completed by the bank)

Bank clearing no.		Bank's stamp	
IBAN			
Place, date		Bank's initials	

Please send the form to:
Visana Services AG
Weltpoststrasse 19
3000 Bern 16

For more information:
Tel. 0848 848 899
visana.ch

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