



## Debit authorization with right of objection

### Debit authorization for my bank account (LSV+)

I hereby authorize my bank to deduct direct debit requests from Generali Personal Insurance Ltd. directly from my account until this authorization is revoked. If there are insufficient funds in my account, my bank is not obligated 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 within 30 calendar days of date of notification. I authorize my bank 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.

Please return the completed debit authorization to **Generali Personal Insurance Ltd., Post Office Box 1040, 8134 Adliswil.**

Policy number:

#### Details of the payer (customer)

Last name:

First name:

Street, no.:

Postcode, town:

Home Phone/Mobile:

E-mail:

IBAN-Nr.:

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Name of bank:

Postcode of bank:

Town of bank:

IID:  
(if known)

Place, date:

Signature of account holder:

#### Please leave blank

Premium CHF:

Type of payment:

Agent Code:

Start LSV:

LSV-Ident. FORT1:

**Beneficiary of payment:** Generali Personal Insurance Ltd., Post Office Box 1040, 8134 Adliswil

## Payment authorization with right of contestation

### Debit of postal account with CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit)

The customer hereby authorizes PostFinance to debit from his or her account the amounts due as indicated by Generali Personal Insurance Ltd., until such a time as this authorization is revoked. 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 authorization to **Generali Personal Insurance Ltd., Post Office Box 1040, 8134 Adliswil.**

Policy number:

#### Details of the payer (customer)

Last name:

First name:

Street, no.:

Postcode, town:

Home Phone/Mobile:

E-mail:

IBAN-Nr.:

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Place, date:

Signature(s)\*:

\* Signature of the person giving the authorization or of the authorized agent on the postal account. For collective signatures, two signatures are required.

#### Please leave blank

Premium CHF:

Type of payment:

Agent Code:

Start CH-DD:

RS-PID: 41101000000593245

**Beneficiary of payment:** Generali Personal Insurance Ltd., Post Office Box 1040, 8134 Adliswil