

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

Customer

First name: _____ Last name: _____

Street, no.: _____ Post code/place: _____

Insurance no.: _____ Date of birth: _____

Scope (please select one of the three options)

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.

Account holder: _____

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.

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 and place: _____

Account holder: _____

IBAN: _____

If the account does not contain sufficient funds, the bank can check on their availability several times but is not obliged to execute the debit. The customer will be notified by their bank 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 their bank in a legally binding form within 30 days of the notification date.

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

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

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.

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.