



Financial institution

Biller
WIA3W

Name
Address
PO Box
ZIP / City

AXA-ARAG Legal Protection Ltd
Ernst-Nobs-Platz 7
PO Box 1026
8004 Zürich

	Payer (customer)	Signatory 1	Signatory 2
Name			
Address			
ZIP / City			

Policy No.	Policy No.	Policy No.	Policy No.

Debit authorization LSV⁺ with right of objection

Konto (IBAN):	
Bank	

I hereby authorize my bank to deduct direct debit requests in CHF from the above-listed biller directly from my account until this authorization is revoked. If there are insufficient funds in my account, then 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 biller 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.

Place, date	
Signature*	

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

Please send the completed and signed form to your bank for approval as soon as possible.

Leave blank, to be completed by the bank:

Berichtigung	
BC Nr.	IBAN
<input type="text"/>	<input type="text"/>
Datum	Stempel und Visum der Bank
<input type="text"/>	<input type="text"/>