



**Invoice issuer (PID)**  
41101000000594312

**Financial institution**

9000

PostFinance AG  
Mingerstrasse 20

3030 Bern

AXA Versicherungen AG  
Postfach 357

8401 Winterthur

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

<b>Policy No.</b>	<b>Policy No.</b>	<b>Policy No.</b>	<b>Policy No.</b>

**Payment authorization with right of contestation**  
**CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit) of PostFinance Ltd**

**Postal account (IBAN):** \_\_\_\_\_

The customer hereby authorizes PostFinance to debit from his or her account the amounts due as indicated by the above invoice issuer, 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.

The customer agrees that the data of the digital payment authorization may also be saved abroad if required.

The above invoice issuer will send the customer the completed and agreed digital payment authorization by e-mail in PDF format to the e-mail address given by the customer.

Place and 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 the above address of AXA for processing as soon as possible.**