Business unit

Helsana

LSV ident.: HUN1W
Subscriber number of invoicing party (RS-PID): 41101000000712555

Helsana Accidents Ltd
Payment Transactions FDZ
P.O. Box
8081 Zurich

Payment authorisation with right of revocation

CH-DD basic direct debit to postal account with PostFinance AG or LSV+ direct debit to bank account

Policyholder	Surname / Company
	First name
	Contract number
	Address
Scope	☐ Authorisation is valid for all accident- and daily allowance contracts with Helsana.
Account for receipt	☐ I wish all future payments to be credited to the account indicated below.
Note re. transition period	Until the complete capture of this authorisation, you will continue to receive your premium and/or benefit statements as previously instructed.

☐ **Bank account details**	☐ **Postal account details**
Please send the completed payment authorisation **to your bank.**	Please send the completed payment authorisation to the following address: **Helsana Accidents Ltd, PO Box, 8081 Zurich**
Debit to bank account with LSV+ I hereby authorise my bank until further notice to debit from my account the direct debits in CHF submitted to it by the above payee. My bank will not be obliged to debit payment if there are insufficient funds in my account. I shall be notified of all debits to my account. The debited amount will be reimbursed to me if I should submit a binding objection to my bank within 30 days of the date of notification. I authorise my bank to inform the payee in Switzerland or abroad of the content of this payment authorisation as well as its revocation at a later date, if applicable, using any means of communication that the bank may deem suitable.	**Debit to postal account with CH-DD basic direct debit** The client hereby authorises PostFinance until further notice to debit from his/her account the due amounts as indicated by the above payee. If the account does not have sufficient funds, PostFinance can check the account balance several times in order to execute the payment, but is not obliged to make the payment. The client will be advised of all debits to the account by PostFinance in the agreed manner (e.g. statement of account). The debited amount will be reimbursed to the client if he/she should submit a binding objection to PostFinance within 30 days of the date of notification.
Bank name	Not required for postal account.
Bank address	

Surname/first name of account holder	
IBAN	**CH**

Place, date	**Signature of the policyholder**	**Signature of the account holder* (if different)**

* Signature of account holder or authorised attorney for the account. If joint signature rights have been specified, two signatures are needed.

IBAN	

Date	Stamp and signature of bank

HEL-01839-en-0919-0004-43341