

Helsana Insurance Company 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 _____ First name _____ Insurance number _____ Address _____
Scope of application of this authorisation	<input type="checkbox"/> Premiums and co-payments (default if no selection is made) <input type="checkbox"/> <i>Premiums only</i> <input type="checkbox"/> <i>Co-payments only</i>
Account for receipt of	<input type="checkbox"/> 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.

<input type="checkbox"/> Bank account details Please send the completed payment authorisation to your bank.	<input type="checkbox"/> Postal account details Please send the completed payment authorisation to the following address: Helsana Insurance Company 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 _____ Bank address _____ _____ _____	Not required for postal account.
---	----------------------------------

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.

Bank authorisation (please leave empty, to be completed by the bank)	
IBAN _____	_____
Date _____	Stamp and signature of bank _____