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| **Debit Authorisation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please complete this form in order to permit the application of mandatory franchise and deductible by KPT. This will be debited by LSV or direct debit directly from your Bank or Post Office** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Policy Holder name** | | | | | | | | | | | | | | | | **Bank account holder name** (If different to the policy holder name) | | | | | | | | | | | | | | | | | |
| Family number | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
| Surname | | | | | |  | | | | | | | | | | Surname | | | | | |  | | | | | | | | | | | |
| Name | | | | | |  | | | | | | | | | | Name | | | | | |  | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | Address | | | | | |  | | | | | | | | | | | |
| Street | | | | | |  | | | | | | | | | | Street | | | | | |  | | | | | | | | | | | |
| ZIP/ City | | | | | |  | | | | | | | | | | ZIP/ City | | | | | |  | | | | | | | | | | | |
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| **Bank account details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **PostFinance: Debit Direct** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I the undersigned approve KPT, until further notice, to debit funds from my account as follows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | IBAN | C | H | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
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|  | | If there are insufficient funds in my account, then PostFinance 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 PostFinance within 30 days of date of notification.  . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **🖂 Please send the completed and signed direct debit mandate to KPT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Bank: Debit LSV+** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I the undersigned approve KPT, until further notice, to debit funds from my account as follows  . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 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 days of date of notification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **🖂 Please send the completed and signed direct debit mandate to your bank** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place and date | | | http://www.airtreks.com/wp-content/uploads/x.png | |  | | | | | | | | | | | Signature | | | | | http://www.airtreks.com/wp-content/uploads/x.png | |  | | | | | | | | | | |
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| To be completed by the bank | | | | | | | | | | | | | | | | LSV-Identification: KPT1W | | | | | | | | | | | | | | | | | |
| Rectification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Place and date | | |  | | | | | | | | | | | | | Bank stamp | | | | | | |  | | | | | | | | |  | |
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