

## Application form

LSV/Debit Direct

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**Customer no.:** \_\_\_\_\_  
**First- / Last name:** \_\_\_\_\_  
**Street / No.:** \_\_\_\_\_  
**Postal code / City:** \_\_\_\_\_  
**Contact no.:** \_\_\_\_\_

**Bank (LSV)** IBAN-number: \_\_\_\_\_  
**LSV-IDENT.TS01W** Name of bank: \_\_\_\_\_  
BC: \_\_\_\_\_  
Postal code / City: \_\_\_\_\_

Debit authorisation with possibility to reclaim for a bank account. I hereby authorise my bank to charge invoices from the payee directly to my account until this authorisation is cancelled. If my account has insufficient funds to cover these invoices, my bank is not obligated to make this debit. I receive a debit advice from my bank after every debit. The amount debited will be repaid to me if I return this debit advice to my bank with my signature within 30 days.

**City, date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Debit Direct (post)** Post account no: \_\_\_\_\_

Debit authorisation with possibility to reclaim for a Post Office account. By signing this form, I authorise the Post Office to charge my Post Office account any payments due until this authorisation is cancelled. I will receive a debit advice from my Yellow account. I reserve the right to cancel any debits that have been made, in writing within 30 days at my processing center. Direct Debit from the Yellow Account is free of charge.

**City, date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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## Leave empty, to be filled in by the bank

**Zahlungsempfänger:** Bankclearing-Nr.: \_\_\_\_\_  
**Bénéficiaire de paiements:** Numéro de clearing bancaire: \_\_\_\_\_  
**Beneficiario:** Numero di clearing bancario: \_\_\_\_\_  
**Payment to:** Bank clearing no.: \_\_\_\_\_

**Télésonique SA.** IBAN-Nummer: \_\_\_\_\_  
**Wollerauerstr. 15** Numéro IBAN: \_\_\_\_\_  
**CH-8807 Frelenbach** Numero IBAN: \_\_\_\_\_  
IBAN number: \_\_\_\_\_