

Payment authorization with right of contestation

CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit) on the PostFinance Ltd postal account or direct debit scheme LSV+ on the bank account.

Details of the invoice issuer/creditor

Salt Mobile SA - Sky Mobile
Payment Administration/Direct Debit
Rue du Caudray 4
CH-1020 Renens 1

Invoice issuer's subscriber no. (RS-PID): 41101000000678993
IDENT. LSV: ORC1W

Details of the payer (Post Mobile customer)

Billing account no.: _____ Company: _____
Last name: _____ First name: _____
Street, no.: _____ Postcode, town: _____
Sky Mobile number: _____ EMail: _____

Please note:

Once you stop receiving a pay-in slip with your monthly invoice, the direct debit has taken effect. Until then, please pay as usual using the pay-in slip.

Debit of postal account with CH-DD COR1 Direct Debit (Swiss COR1 Direct Debit)

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.

IBAN (postal account): _____

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.

Please return the completed and signed payment authorization to Sky Mobile's address as provided above.

Last name, first name: _____ Signature: _____
Last name, first name: _____ Signature*: _____
Place, date: _____

*For companies the signature(s) according to the commercial register is (are) mandatory.

Debit authorization for my bank account (LSV+)

I hereby authorize my bank to execute the debits from the above creditor to my account until such time as this authorization is revoked.

Name of bank: _____ Postcode, town: _____
IBAN (bank account): _____ IID (if known): _____

If there are insufficient funds in my account, my bank is not obliged to execute the debit. I will be notified of all debits to my account. The amount debited will be reimbursed if I submit a binding contestation to my bank within 30 days of the notification date. I hereby authorize my bank to inform the creditor in Switzerland or abroad of the content of this debit authorization and of its subsequent cancellation (if applicable) by whatever means it deems suitable.

Please return the original completed and signed payment authorization to your bank.

Last name, first name: _____ Signature: _____
Last name, first name: _____ Signature*: _____
Place, date: _____

*For companies the signature(s) according to the commercial register is (are) mandatory.

Adjustment (please leave blank, to be filled out by the bank)

IBAN (bank account): _____ IID: _____
Date: _____ Bank's stamp and initials: _____