

## Debit authorization DD

Payer	Insured person's No.
_____	_____
	Surname, First Name
	_____
	Street, No.
	_____
	postcode, place
	_____
	Private phone
	_____
	Office phone
	_____
Payee	KLuG
_____	Krankenversicherung
	Gubelstrasse 22
	6300 Zug
	Telephone: 041 724 64 00
	Fax: 041 724 64 01

## DD - Debit Direct (debit authorization with the right of objection)

I hereby authorize KLuG until further notice to debit any possible amount against my account.

That said, I retain the right to recall the executed debit transactions within 30 days of the transmission of account details in writing at my Operations Center.

In case my account does not have the necessary financial standing the Post Finance is not obliged to perform the above mentioned transactions.

Field of application	<input type="checkbox"/> premiums and cost sharing <input type="checkbox"/> premiums <input type="checkbox"/> cost sharing
_____	_____
Account information	IBAN-No. of the 'yellow account' (Gelbes Konto)
_____	_____
	Account holder
	_____
Place and date	Signature of the payer
_____	_____