

## Debit authorization LSV

## LSV - Ident. KLU1W

### 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

### LSV – bank's direct debit procedure (debit authorization with the right of objection)

I hereby authorize my bank until further notice to permit the above payee to debit a given direct debit amount against my account. My bank is under no obligation to bear the costs in case my account does not have the necessary financial standing.

I will be notified of each debit to my account. The debited amount will be refunded to me in case I should file the binding right of objection form at my bank within 30 days of the date of notification.

I authorize my bank to bring the contents of the present debit authorization as well as its potential future suspension to the knowledge of both the national and foreign payees, with any means of communication convenient to the bank.

### Field of application

- premiums and cost sharing  
 premiums  
 cost sharing

### Account information

IBAN

Account holder

Name of the bank

Address

### Place and date

### Signature of the payer

### Stamp and signature of the bank

Leave this space blank, it will be filled out by the bank

IBAN