

Payment authorisation *with right to object* Swiss COR1 Direct Debit from PostFinance AG

Details of the invoice issuer

Allianz Suisse Insurance Company Ltd, P.O. Box, CH-8010 Zurich

Invoice issuer's participation no. (RS-PID) 41101000000594991

Direct debit payer (customer)

Customer reference no. Company

Surname First name

Street, no. Postcode, town/city

Telephone E-mail

The customer hereby authorises PostFinance to debit the payments it is notified of by the above invoice issuer to his/her account until this authorisation is revoked.

IBAN (postal account)

If the balance of the account is not sufficient, PostFinance can check it multiple times in order to execute the payment but it is not obliged to carry out the debit.

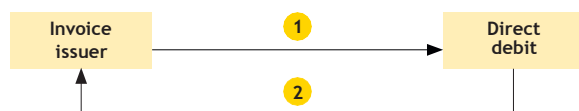
PostFinance will notify the customer of all debits to the account via the means agreed with him/her (e.g. on the account statement). The debited amount will be refunded to the customer if he/she lodges a binding objection with PostFinance within 30 days of the date of notification.

Please send the completed payment authorisation to the invoice issuer's **address above**.

Place, date

Signature(s)*

* Signature of the principal or the authorised representative on the postal account. In the case of joint signing rights, two signatures are required.



1. The invoice issuer provides the direct debit payer with the payment authorisation.
2. The direct debit payer sends the completed payment authorisation to the invoice issuer's address above.