

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

Sunrise UPC LLC
P.O. Box, CH-8050 Zurich

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

41101000000626031
SRU1W

Details of the payer (consumer)

Customer ref. no.:

First Name, Last Name:

Street, No.:

ZIP, location:

IBAN 21-character:

Name of account holder
First Name, Last Name):

☐ **Postal account** (please select the checkbox)

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.

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 payment authorization to:
Sunrise UPC LLC, LSV-Team, Postfach, CH-8050 Zürich

☐ **Bank account** (please select the checkbox)

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:

ZIP, location:

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 completed debit authorization directly **to your bank**.

Please note:

The billed amount will be debited near the end of the month.

The activation process takes approximately four weeks. Once the activation has been completed, you will be informed by Sunrise. Until that time, please continue to pay as usual.

Place, Date:

Signature(s)*:

* Signature of the person giving the authorization or of the authorized agent on the account.
For collective signatures, two signatures are required.

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

Date: IID-Nr.:

IBAN, 21-character:

Bank's stamp
and initials: