

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
Payment Administration/ Direct Debit
Rue du Caudray 4
CH-1020 Renens 1

Invoice issuer's subscriber no. (RS-PID) : 4110100000689954
IDENT. LSV: ORC2W

Details of the payer (Salt Fiber customer)

Billing account no.	Company
Last name	First name
Street, no.	Postcode, town
Salt Fix number	E-mail

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 **Salt'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