|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Belastungsermächtigung** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bitte ausfüllen, wenn Sie Rechnungen per LSV+ oder Debit Direct direkt Ihrem Bank- oder Postkonto belasten lassen möchten.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Versicherungsnehmer** | | | | | | | | | | | | | | | | **Kontoinhaber** (nur ausfüllen, wenn nicht identisch mit Versicherungsnehmer) | | | | | | | | | | | | | | | | | | | |
| Familiennummer | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |
| Vorname | | |  | | | | | | | | | | | | | Vorname | | | | | | | | |  | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | Name | | | | | | | | |  | | | | | | | | | | |
| Zusatzadresse | | |  | | | | | | | | | | | | | Zusatzadresse | | | | | | | | |  | | | | | | | | | | |
| Strasse | | |  | | | | | | | | | | | | | Strasse | | | | | | | | |  | | | | | | | | | | |
| PLZ/Ort | | |  | | | | | | | | | | | | | PLZ/Ort | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bitte kreuzen Sie an, ob Sie die Leistungen direkt belasten wollen. | | | | | | | | | | | | | | | | Leistungen | | | | | | | | | | | | | | | | | | | |
| **Kontoverbindung** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **PostFinance: Debit Direct** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mit meiner Unterschrift ermächtige ich die KPT bis auf Widerruf, fällige Rechnungen meinem Postkonto zu belasten. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | IBAN | | | | C | H |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Wenn mein Konto die erforderliche Deckung nicht aufweist, besteht für PostFinance keine Verpflichtung zur Belastung. Der belastete Betrag wird mir rückvergütet, falls ich die Belastungsanzeige innerhalb von 30 Tagen unterzeichnet an PostFinance zurücksende. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **🖂 Bitte senden Sie die ausgefüllte und unterschriebene Belastungsermächtigung an die KPT.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Bank: Lastschrift LSV+** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Mit meiner Unterschrift ermächtige ich die KPT bis auf Widerruf, fällige Rechnungen meinem Bankkonto zu belasten. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name der Bank | | | |  | | | | | | | | | | | PLZ/Ort | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | IBAN | | | | C | H |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Wenn mein Konto die erforderliche Deckung nicht aufweist, besteht für meine Bank keine Verpflichtung zur Belastung. Der belastete Betrag wird mir rückvergütet, falls ich die Belastungsanzeige innerhalb von 30 Tagen unterzeichnet an meine Bank zurücksende. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **🖂 Bitte senden Sie die ausgefüllte und unterschriebene Belastungsermächtigung   direkt an Ihre Bank.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ort und Datum | | http://www.airtreks.com/wp-content/uploads/x.png | |  | | | | | | | | | | | Unterschrift | | | | | | http://www.airtreks.com/wp-content/uploads/x.png | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Leer lassen, wird von der Bank ausgefüllt.** | | | | | | | | | | | | | | | | LSV-Identifikation: KPT1W | | | | | | | | | | | | | | | | | | | |
| **Berichtigung** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | IBAN | | | | C | H |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ort und Datum | |  | | | | | | | | | | | | | Stempel und Visum der Bank | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |