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| **Autorisation de débit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prière de remplir si vous désirez que les factures soient débitées par LSV+ ou Debit Direct directement de votre compte bancaire ou postal.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preneur d’assurance** | | | | | | | | | | | | | | | | | **Titulaire du compte** (ne remplir que s’il est différent du preneur d’assurance) | | | | | | | | | | | | | | | | | | |
| No de famille | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| Prénom | | |  | | | | | | | | | | | | | | Prénom | | | | | | | |  | | | | | | | | | | |
| Nom | | |  | | | | | | | | | | | | | | Nom | | | | | | | |  | | | | | | | | | | |
| Complément d’adresse | | |  | | | | | | | | | | | | | | Complément d’adresse | | | | | | | |  | | | | | | | | | | |
| Rue | | |  | | | | | | | | | | | | | | Rue | | | | | | | |  | | | | | | | | | | |
| NPA/Localité | | |  | | | | | | | | | | | | | | NPA/Localité | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veuillez cocher si vous désirez débiter directement les prestations. | | | | | | | | | | | | | | | | | Prestations | | | | | | | | | | | | | | | | | | |
| **Relation de compte** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **PostFinance: Debit Direct** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Par ma signature, j’autorise la CPT, sous réserve de révocation, à débiter les factures arrivant à échéance directement de mon compte postal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | IBAN | | | | C | | H |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Si mon compte ne présente pas la couverture suffisante, il n’existe pour PostFinance aucune obligation de débit. Le montant débité me sera remboursé si je retourne l’avis de débit dûment signé dans les 30 jours à PostFinance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **🖂 Veuillez envoyer l’autorisation de débit remplie et signée à la CPT.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Banque: recouvrement direct LSV+** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Par ma signature, j’autorise la CPT, sous réserve de révocation, à débiter les factures arrivant à échéance directement de mon compte bancaire. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Nom de la banque | | | | |  | | | | | | | | | | | NPA/Localité | | | | | | |  | | | | | | | | | | | |
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|  | IBAN | | | | C | | H |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Si mon compte ne présente pas la couverture suffisante, il n’existe pour ma banque aucune obligation de débit. Le montant débité me sera remboursé si je retourne l’avis de débit dûment signé dans les 30 jours à ma banque. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **🖂 Veuillez envoyer l’autorisation de débit remplie et signée directement à votre banque.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lieu et date | | http://www.airtreks.com/wp-content/uploads/x.png | |  | | | | | | | | | | | | Signature | | | | | | http://www.airtreks.com/wp-content/uploads/x.png | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Laisser vide, à remplir par la banque.** | | | | | | | | | | | | | | | | | Identification LSV: KPT1W | | | | | | | | | | | | | | | | | | |
| **Rectification** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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|  | IBAN | | | | C | | H |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |
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| Lieu et date | |  | | | | | | | | | | | | | | Timbre et visa de la banque | | | | | | |  | | | | | | | | | | | | |
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