



Finanzdepartement des Kantons Basel-Stadt

**Immobilien Basel-Stadt**

# Application form for direct debit (LSV)

Please send the completed form to:

**Immobilien Basel-Stadt  
Finanzen & Controlling, Debitoren  
Postfach, 4001 Basel**

For more information, please visit  
[www.bs.ch/ibs-mieterinfo](http://www.bs.ch/ibs-mieterinfo)

# 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.

PostFinance: RS-PID:  
**41101000000654161**

Bank LSV-Ident.:  
**ZEL 1W**

## Details of the payer (customer)

\_\_\_\_\_

Rental contract no.

\_\_\_\_\_

Last name/Company

\_\_\_\_\_

First name

\_\_\_\_\_

Street, no.

\_\_\_\_\_

Postcode, town

\_\_\_\_\_

Tel. and/or E-mail

## 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.

## 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.

Place, date

Signature(s)\*

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