| LSV IDENT. | **ASP1W** | **LSV+** |  |
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Zahlungsempfänger Zustelladresse Belastungsermächtigung Kunde

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| Zweckverband Pflege und  Betreuung Mittleres Tösstal  Im Spiegel 5  8486 Rikon im Tösstal |  | Zweckverband Pflege und  Betreuung Mittleres Tösstal  Im Spiegel 5  8486 Rikon im Tösstal |

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| **Belastungsermächtigung mit Widerspruchsrecht** | **Autorisation de débit avec droit de contestation** | | | | | | | | | **Autorizzazione di addebito con diritto di contestazione** | | | | | | | | | | | | | | | | | **Debit authorization with right of objection** | | | | | | | | | | |
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| Hiermit ermächtige ich meine Bank bis auf Widerruf, die ihr von obigem Zahlungsempfän­ger vorgelegten Lastschriften **in «limite\_währung»** meinem Konto zu belasten. | Par la présente j’autorise ma banque, sous réserve de révocation, à débiter sur mon compte les recouvre­ments directs **en «limite\_währung»** émis par le bénéficiaire ci-dessus. | | | | | | | | | Con la presente autorizzo la mia banca revocabilmente ad addebitare sul mio conto gli avvisi di addebito **in «limite\_währung»** emessi dal beneficiario summenzionato. | | | | | | | | | | | | | | | | | I hereby authorize my bank to deduct debits **in «limite\_währung»** from the above-listed creditor directly from my account until this authorization is revoked. | | | | | | | | | | |
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| Bankname / Nom de la banque /  Nome della banca / Name of bank | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLZ und Ort / NPA et Lieu /  NPA e Luogo / Postal code and City | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Konto-Nr. / No de compte /  N. di conto / Account no. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Bankenclearing-Nr. (sofern bekannt) / No clearing bancaire (si connu) /  N. di clearing bancario (se conosciuto) / Bank clearing no. (if known) | | | | | | | | | | | | |  | |  | |  | |  | |  | |
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| Wenn mein Konto die erforderliche Deckung nicht aufweist, besteht für meine Bank keine Verpflichtung zur Belastung. | Si mon compte ne présente pas la couverture suffisante, il n’existe pour ma banque aucune obligation de débit. | | | | | | | | | Se il mio conto non ha la necessaria copertura, la mia banca non è tenuta ad effettuare l‘addebito. | | | | | | | | | | | | | | | | | If there are insufficient funds in my account, then my bank is not obligated to carry out the debit. | | | | | | | | | | |
| Jede Belastung meines Kontos wird mir avisiert. | Chaque débit sur mon compte me sera avisé. | | | | | | | | | Riceverò un avviso per ogni addebito sul mio conto. | | | | | | | | | | | | | | | | | I will be notified of each debit to my account. | | | | | | | | | | |
| Der belastete Betrag wird mir zurückvergütet, falls ich innerhalb von 30 Tagen nach Avisierungs-datum bei meiner Bank in verbindlicher Form Widerspruch einlege. | Le montant débité me sera remboursé si je le conteste dans les 30 jours après la date de l'avis auprès de ma banque, en la forme contraignante. | | | | | | | | | L'importo addebitato mi verrà riaccreditato, se lo contesterò in forma vincolante alla mia banca entro 30 giorni dalla data dell'avviso. | | | | | | | | | | | | | | | | | The amount debited will be repaid to me if I contest the debit in binding form to my bank within 30 days of date of notification. | | | | | | | | | | |
| Ich ermächtige meine Bank, dem Zahlungsempfänger im In- oder Ausland den Inhalt dieser Belastungsermächti­gung sowie deren allfällige spätere Aufhebung mit jedem der Bank geeignet erschei­nenden Kommunikations-mittel zur Kenntnis zu bringen. | J’autorise ma banque à informer le bénéficiaire, en Suisse ou à l’étranger, du contenu de cette autorisation de débit ainsi que de son éventuelle annulation par la suite, et ce par tous les moyens de communication qui lui sembleront appropriés. | | | | | | | | | Autorizzo la mia banca a informare il destinatario del pagamento nel nostro paese o all’estero sul contenuto della presente autorizzazione di addebito nonché sulla sua eventuale revoca successiva in qualsiasi modo essa lo ritenga opportuno. | | | | | | | | | | | | | | | | | I authorize my bank to notify the creditor in Switzerland or abroad about the contents of this debit authorization as well as any subsequent rescinding thereof with the means of communications considered best suited by the bank. | | | | | | | | | | |
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Ort, Datum / Lieu, date / Luogo, data / Place, Date Unterschrift / Signature / Firma / Signature

**Berichtigung / Rectification:**

*Leer lassen, wird von der Bank ausgefüllt / Laisser vide, à remplir par la banque / Lasciare vuoto, è riempito della banca / Leave blank, to be completed by the bank.*

**BC-Nr./No.CB:** I\_\_I\_\_I\_\_I\_\_I\_\_I **IBAN:** I\_\_I\_\_I\_\_I\_\_I I\_\_I\_\_I\_\_I\_\_I I\_\_I\_\_I\_\_I\_\_I I\_\_I\_\_I\_\_I\_\_I I\_\_I\_\_I\_\_I\_\_I I\_\_I

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| Datum:  Date: |  | Stempel und Visum der Bank:  Timbre et visa de la banque: |  |