

Debit authorisation

Direct Debit

Direct Debit (bank) Please send the signed form to your bank.

Bank name

Street/no.

Postcode Town

IBAN

or
Account no.

Bank clearing no. (if known)

LSV IDENT. SBE1W

For direct debit payments (bank) please send the signed form to your bank.

Direct Debit (post office) Please send the signed form to SBB AG Passenger Division.

Post office account no.

or
IBAN

SBB AG Passenger Division
c/o SBB Finance
Poststrasse 6
3000 Bern 65
debitoren@sbb.ch

Personal details (please complete all fields in full)

Contractual partner's details

Customer number (if available)

First name

Last name

Street/no.

Postcode Town

Date of birth

Phone

E-mail

The method of payment selected here applies to all travelcard contracts that the contractual partner has concluded with SBB.

Place Date

Signature

Debit authorisation with right of objection for your bank/post office account.

I hereby authorise my bank/PostFinance to debit the specified amount in CHF from my account for transfer to the specified payee until this authorisation is revoked. If my account does not contain sufficient funds to make this payment, my bank/PostFinance has no obligation to effect the debit. I will be notified each time my account is debited. The debit amount will be refunded to me if I file a complaint in binding form with my bank/PostFinance within 30 days of the notification date. I authorise my bank/PostFinance to notify the payee (domestic or international) of the content of this debit authorisation and any subsequent cancellation by any means of communication which the bank/PostFinance deems suitable.

If you have an outstanding invoice at the time of setting up the direct debit, we will debit this directly from your account.

Correction (Leave blank, for bank use only)

BC no. CB IBAN

Date Stamp and initials of bank

Please send the form to:
 SBB AG Passenger Division
 c/o SBB Finance
 Poststrasse 6
 3000 Bern 65