|  |  |  |
| --- | --- | --- |
| User data for single or collective approval |  | Please leave blank  **Registered on / by:**  **Checked on / by:** |

|  |  |  |
| --- | --- | --- |
| SIX will send this application form for checking to the financial institution managing the account. Access authorizations do not become effective until confirmation has been given by SIX and by then, LSV+/BDD orders will be processed only together with paper collection orders. |  | SIX BBS AG  eBill & Direct Debit Support  Hardturmstrasse 201  Postfach  8021 Zürich  Switzerland |

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|  |
| Participation conditions LSV+ and/or BDD |

The approval of LSV+/BDD orders in payCOMweb by means of electronic identification depends on a copy of the LSV+ and/or BDD participation conditions having been signed with the finan­cial institution managing the account.

|  |
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|  |
| payCOMweb registration status (please cross as applicable) |

**We are already registered for payCOMweb** and are in possession of an acepted authentication method by SIX for each person authorized for approval.

If no authentication method is yet available, the users must place their order separately at:

* **[www.six-group.com/direct-debit/auth](http://www.six-group.com/direct-debit/auth)**

**We are not yet registered for payCOMweb**. In this case please fill in the [Registration/Order payCOMweb](https://www.six-group.com/en/products-services/banking-services/billing-and-payments/direct-debits.html#scrollTo=Data-Transfer-via-Paycomweb) form required.

|  |  |  |
| --- | --- | --- |
|  | | |
| Correspondence address of account holder | | |
| Name of account holder | |  | |
| Street/no. | |  | |
| ZIP code/city | |  | |
| Contact person | Name |  | |
|  | Telephone |  | |
|  | E-mail |  | |

Remarks:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account access authorization | | | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| Bank Clearing Number of the DP-FI\* | | | | abstand_bc_dta | | | | |  | | | |
|  | | | |  | | | | | | | | |
| IBAN (International Bank Account Number) | | | |  | | | | | | | |  |
|  | | | | abstand | | | | | | | | |
| LSV identification | | | | abstand_bc_dta | | | | |  | | | |
| We wish to register the following persons for approval of LSV+/BDD orders in payCOMweb | | | | | | | | | | | | |
| **Operator 1** | | | | | | | | | | | | |
| First name/Last name |  | | | | | | | | |  | Operator-ID\*\*\* | X/P |
| Date of birth |  | |  | | Nationality | |  | | |  |  |  |
| Approval right\*\* |  | Single approval | | |  | Collective approval | | | | |  |  |
| **Operator 2** | | | | | | | | | | | | |
| First name/Last name |  | | | | | | | | |  | Operator-ID \*\*\* | X/P |
| Date of birth |  | |  | | Nationality | |  | | |  |  |  |
| Approval right\*\* |  | Single approval | | |  | Collective approval | | | | |  |  |
| **Operator 3** | | | | | | | | | | | | |
| First name/Last name |  | | | | | | | | |  | Operator-ID \*\*\* | X/P |
| Date of birth |  | |  | | Nationality | |  | | |  |  |  |
| Approval right\*\* |  | Single approval | | |  | Collective approval | | | | |  |  |
|  |  |  | | |  |  | | | | |  |  |

\* Creditor's financial institution \*\* Please do not cross more than one box

\*\*\* Leave blank if the person is not yet in possession of a operator-ID.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Account holder | | | |
|  | | | |
| Place and date |  | | | |
|  |  |  |  | |
| Name of account holder |  | | | |
|  |  |  |  | |
|  |  |  |  | |
|  | Legally valid signature(s) |  |  | |
|  |  |  |  | |
|  | Name(s) |  |  | |
| Confirmation by the financial institution | | | |

We confirm that the application for persons being given authority for the approval of LSV+/BDD orders for the account specified bears a legal signature and the account holder has agreed to the LSV+ and/or BDD participation conditions.

|  |  |  |
| --- | --- | --- |
|  | | |
| Name of financial institution | | |  |
| Place and date |  | Place and date |
| Legally valid signature(s) |  | Legally valid signature(s) |
| Name(s) |  | Name(s) |
| Email |  | Email |
| Telephone number |  | Telephone number |