



DIRECT DEBIT TRANSFER

Please send the completed and signed original to your bank.
One copy should be sent to Coface.

TO (PAYEE)

Compagnie Francaise D'Assurance Pour
Le Commerce Exterieur SA Niederlassung Austria
Ing. Daniela Greß
Marxergasse 4c
1030 Vienna
Austria

Coface Austria
Kreditversicherung Service GmbH
Ing. Daniela Greß
Marxergasse 4c
1030 Vienna
Austria

Credit ID 1: AT18ZZZ00000008827

Credit ID 2: AT34ZZZ00000001652

AUTHORISATION TO COLLECT RECEIVABLES THROUGH DIRECT DEBIT

We hereby authorise you to collect all amounts owed by us on the relevant due date through a direct debit to our bank account, until we formally retract this authorization. Furthermore, we have instructed our bank to accept such direct debits. The bank is not obliged to execute these transfers, in particular if our account does not have sufficient coverage.

DATA ON PAYER

Company name _____

Street, Number _____

Postal code _____ City _____

REASON FOR PAYMENT

Policy number¹ _____

Account number _____

Financial institution _____

Bank code _____

We confirm that this information is correct and complete to the best of our knowledge.

Place, Date

Authorised signature of the payer

¹ if available