



## 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  
Daniela Greß  
Stubenring 24  
1010 Vienna  
Austria

### 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 number<sup>1</sup> \_\_\_\_\_  
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

<sup>1</sup> if available