



## Refund Application

### 1.1 Personal information

First name: .....

Last name: .....

Telephone number: .....

Street / Number: .....

Zip code / Town: .....

### 1.2 Reason for Complaint

- Incorrect amount collected
- Double payment within less than 1 minute
- .....

### 1.3 Information on faulty transaction

Date: .....

Amount: .....

Telephone number: .....

Site number: .....

The payment was made by:

- Premium SMS
- Mastercard
- VISA
- PostFinance mobile phone payment
- Prepaid eAccount account

### 1.4 Details on the refund

A reimbursement will only take place for a transaction greater than CHF 20.00 in amount. The e24 AG operates a platform for cashless payment. e24 accepts no liability for fines/payout of winnings/defective products. In such cases, please get in contact with the responsible provider.

Type of reimbursement desired:

- Reimbursement onto a prepaid eAccount  
 Cell phone number of the future eAccount user: .....
- Holder of the cell phone number: .....
  
- Reimbursement onto a bank or post office account after deduction of CHF 10.00 for expenses  
 IBAN: .....
- BIC: .....
- Account holder: .....

We handle refund applications only to the extent that your statements are complete and accurate.

Location, Date: ..... Signature of Claimant: .....

Please send this form by e-mail to [support@e-24.ch](mailto:support@e-24.ch)  
 or by mail to **e24 AG, Nordstrasse 15, 8006 Zurich.**

