



Autogiro correctional form

Information about recipient										If more pages, specify below											
Name:										Page					of						
Address 1:					e-mail:																
Address 2:																					
Contact person:										Tel:											
Corrections given by phone					Commission sent MPS					Commission to be sent MPS											
Date:					Date:					Date:											
Agreement ID/Agreement no.				Assignment account (receiver's account)						Assignment no. (7 characters) Given if assignment no. is known											
Commission sum:					Kroner					Øre					Additional information?						
Information regarding transactions to be corrected										<i>* remember to fill in øre amount</i>											
Due date:		D		D		M		M		Y		Y		Original amount				Payer's reference no./account no.			
														Kr.				Øre			
NEW date:		D		D		M		M		Y		Y		New amount				<input type="checkbox"/> Delete transaction			
														Kr.				Øre			
Other changes		Assign field name and new value:																			
Due date:		D		D		M		M		Å		Å		Original amount				Payer's reference no./account no.			
														Kr.				Øre			
NEW date:		D		D		M		M		Å		Å		New amount				<input type="checkbox"/> Delete transaction			
														Kr.				Øre			
Other changes		Assign field name and new value:																			
Due date:		D		D		M		M		Å		Å		Original amount				Payer's reference no./account no.			
														Kr.				Øre			
NEW date:		D		D		M		M		Å		Å		New amount				<input type="checkbox"/> Delete transaction			
														Kr.				Øre			
Other changes		Assign field name and new value:																			
Due date:		D		D		M		M		Y		Y		Original amount				Payer's reference no./account no.			
														Kr.				Øre			
NEW date:		D		D		M		M		Y		Y		New amount				<input type="checkbox"/> Delete transaction			
														Kr.				Øre			
Other changes		Assign field name and new value:																			
Due date:		D		D		M		M		Y		Y		Original amount				Payer's reference no./account no.			
														Kr.				Øre			
NEW date:		D		D		M		M		Y		Y		New amount				<input type="checkbox"/> Delete transaction			
														Kr.				Øre			
Other changes		Assign field name and new value:																			
Information to customer																					

NB
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- Written confirmation is required for phoned-in changes.
- New amount cannot be greater than original amount.
- **Keep copy this form for your documentation**

Place/date: _____

Signature: _____