



# Payment with non-recurrent authorisation securities 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	Kr.	Øre	Payer's reference no./account no.
NEW date:	D	D	M	M	Y	Y	New amount	Kr.	Øre	<input type="checkbox"/> Delete transaction
Other changes	Assign field name and new value:									
Due date:	D	D	M	M	Å	Å	Original amount	Kr.	Øre	Payer's reference no./account no.
NEW date:	D	D	M	M	Å	Å	New amount	Kr.	Øre	<input type="checkbox"/> Delete transaction
Other changes	Assign field name and new value:									
Due date:	D	D	M	M	Å	Å	Original amount	Kr.	Øre	Payer's reference no./account no.
NEW date:	D	D	M	M	Å	Å	New amount	Kr.	Øre	<input type="checkbox"/> Delete transaction
Other changes	Assign field name and new value:									
Due date:	D	D	M	M	Y	Y	Original amount	Kr.	Øre	Payer's reference no./account no.
NEW date:	D	D	M	M	Y	Y	New amount	Kr.	Øre	<input type="checkbox"/> Delete transaction
Other changes	Assign field name and new value:									
Due date:	D	D	M	M	Y	Y	Original amount	Kr.	Øre	Payer's reference no./account no.
NEW date:	D	D	M	M	Y	Y	New amount	Kr.	Øre	<input type="checkbox"/> Delete transaction
Other changes	Assign field name and new value:									

## Information to customer

- NB**  
!
- 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: \_\_\_\_\_