



Direkte remittering correctional form

Payer information										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 (payer's account)					Assignment no. (7 characters) Given if assignment no. is known									
Commission sum:					Kroner					Øre					Additional information?				
Information regarding transactions to be corrected										* remember to fill in øre amount									
Due date:		D D M M Y Y		Original amount					Receiver's acct./ ref.no. for giro payment										
				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					Receiver's acct./ ref.no. for giro payment										
				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					Receiver's acct./ ref.no. for giro payment										
				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					Receiver's acct./ ref.no. for giro payment										
				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					Receiver's acct./ ref.no. for giro payment										
				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:

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: _____