

Autogiro correctional form



Information about recipient			<i>If more pages, specify below</i>
Name:		<i>Page of</i>	
Address 1:		e-mail:	
Address 2:			
Contact person:			Tel:
Corrections given by phone Date:		Commission sent BBS Date:	Commission to be sent BBS Date:
Agreement ID/Agreement no.		Assignment account (<i>receiver's account</i>)	Assignment no. (7 characters) <i>Given if assignment no. is known</i>
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! <ul style="list-style-type: none"> Written confirmation is required for phoned-in changes. New amount can not be greater than original amount. Copy this form for your records (<i>recipient keeps original</i>). 	<ul style="list-style-type: none"> Send this form to Nets, by e-mail: corrections-no@nets.eu New correctional forms can be ordered by phone: 91504949 or payments-no@nets.eu

Place/date: _____ Signature: _____

Postal address:
0978 Oslo

Office and delivery address:
Haavard Martinsens vei 54

Telephone:
22 89 89 89