

# Cancellation of Pre-Authorizations/Reservations

**Merchant**

Company _____	Merchant No. _____
Company address	Street + No. _____ P.O. Box No. _____
	Postal code/City _____ Country _____
Contact person	First name _____ Last name _____
<input type="checkbox"/> M. <input type="checkbox"/> Ms.	Function _____ Phone _____
	E-mail _____ Fax _____

**Pre-Authorizations/Reservations**

Please cancel the following Pre-Authorizations/Reservations:

Date of transaction	Time of transaction	Card brand	Card number <sup>1</sup>	Currency	Amount	Reference No.	Authorization Code

<sup>1</sup> Please fill in **only the first and last four digits** of the card number.

\_\_\_\_\_  
Date and place

Your local point of contact can be found at: [www.six-payment-services.com/contact](http://www.six-payment-services.com/contact)

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