



Absender\* (Sender)

SEPA-Rückrufe  
(SEPA Cancellations)

Fax +49 69 910 85295

Bitte befüllen Sie das Formular ausschließlich mit der PDF-Beschriftungsfunktion. Handschriftlich und nicht vollständig ausgefüllte Formulare können leider nicht akzeptiert werden. Das Formular muss eindeutig und korrekt befüllt werden, da sonst Zahlungen nicht eindeutig identifiziert und zurückgerufen werden können.

Please fill out the form using the writable PDF function only. Unfortunately, handwritten and incomplete forms cannot be accepted. The form needs to be completed explicitly and correctly. Otherwise payments cannot be clearly identified and will not be canceled.

Wir bitten Sie, die nachfolgenden\*  SEPA Überweisungen  SEPA Lastschriften nicht auszuführen/zurückzurufen.  
(Please cancel/recall the following\*) (SEPA Credit Transfers) (SEPA Direct Debits)

Ausführungs-/Fälligkeitsdatum  
(Requested execution/collection date)

IBAN des Absenders\*  
(Ordering party IBAN\*)

Wir bitten Sie den ganzen Sammler nicht auszuführen.  
(Please cancel/ recall the payment batch entirely)

Sammler Informationen\* (Batch information\*)

Sammlerreferenz\* (Payment Information ID\*)

Gesamtbetrag\* (Batch amount\*) Anzahl Transaktionen (Number of transactions)

Wir bitten Sie die unten aufgeführten Einzelposten aus dem Sammler nicht auszuführen/zurückzurufen.  
(Please recall the below listed single items contained in the payment batch.)

IBAN des Empfängers/Zahlungspflichtigen\* (IBAN of beneficiary/payer\*) Betrag\* (Amount\*)

Mandatsreferenz\* nur bei Lastschriften (Mandate ID\* for direct debits only)

Verwendungszweck - Textfolge bis zu 35 Stellen (Remittance information - text string up to 35 characters)

Auftragsreferenz (Instruction ID)

Ende-zu-Ende Referenz (End to End ID)

Hiermit bestätige ich, dass der Zahlungsauftrag, den ich mit diesem Formular rückerufen möchte, nicht durch einen Zahlungsauslösedienstleister aus dem Umlauf genommen ist.  
(I herewith confirm that the payment instruction I request to revoke with this form has not been initiated by a Payment Initiation Service Provider.)

Ort, Datum (Place, Date) Unterschrift (Signature) \*Pflichtfeld (\*Mandatory field) Version 22 11 2017

Please fill out the form using the writable PDF function. By **saving or printing** the form, you create a QR code which can be used to identify the relevant transaction. **The form must therefore be completed clearly and correctly.**

Please return the completed form by fax to: + 49 69 910 85295

Please indicate the **Requested Execution Date/Requested Collection Date of the original file** here. Complete this field only if the transaction is a recurring payment and the information is necessary for clearly identifying the transaction or if the file will be submitted 2 or more days after the cancellation request is sent.

If you wish to request the cancellation of an **entire SEPA batch**, you must indicate the Payment Information ID (PmtInfId). The Payment Information ID is a mandatory field in the transaction file which is used to clearly identify a batch.

```

</GrpHdr>
<PmtInf>
    <PmtInfId>this reference</PmtInfId>
    <NbOfTxs>n</NbOfTxs>
    
```

Your software provider can assist you in obtaining the Payment Information ID from your software programme, if required. Please do **not** indicate the Payment Information ID **if you only wish to cancel individual transactions.**

For db direct internet/Cash Manager users: In the case of **detailed uploads** of files, the system assigns new Payment Information IDs in the following cases:

- A batch containing only one transaction: please cancel the individual transaction (and not the batch).
- Several individual transactions or batches are combined into a new batch.

Ask your service manager for further details to clarify how the cancellation should be requested. This **does not bear relevance to the Summary Upload** (FFQs: SW1, SW3, SW4, SW5, SW6, SWP, SWT).

Please only complete the optional fields if the information is required to clearly identify individual payments. If you fill in the fields, please use **the exact data from the original payment**. The reference field requires an **exact text string of up to 35 characters** (in full and including spaces). This does not have to be the first 35 characters in the reference field.

Please sign the form with QR code in accordance with the relevant signature rules in our books.

Please note that fields marked with an \* are mandatory.