

Cancellation of Pre-Authorizations/Reservations

MERCHANT

Company

Company address

Contact person

☐ M. ☐ Ms.

Street/No.

Postal code/City

First name

Function

E-mail

Merchant No.

P.O. Box No.

Country

Last name

Phone

Pre-Authorizations/Reservations

Please cancel the following Pre-Authorizations/Reservations:

Date of transaction	Time of transaction	Card brand	Card number ¹	Currency	Amount	Reference No.	Authorization Code
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			
. .	00 : 00		X X X X X X X X X X	CHF			

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

Date and place

Send