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The paying partner’s signature (as recorded by the payment service provider) Date of order Name and seat of payment service provider managing the paying party’s account

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| --- |
| Paying party’s name |
|  |
| Paying party’s account number |
|  |  |  |  |  |  |
| Beneficiary’s name |
|  |
| (continued) |  | **Amount** (rounded to forints) |
|  |  |  |  |  |  |  |  |  | HUF |
| Beneficiary’s account number |
|  | - |  | - |  |  |
| Debit date | Document No. |  |  |  |  |  | Payment system |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Code |  | Comment (If this line contains a reference number, please enter „X” to the first box of the line |
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The paying partner’s signature (as recorded by the payment service provider) Date of order Name and seat of payment service provider managing the paying party’s account

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| Paying party’s name |
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| Paying party’s account number |
|  |  |  |  |  |  |
| Beneficiary’s name |
|  |
| (continued) |  | **Amount** (rounded to forints) |
|  |  |  |  |  |  |  |  |  | HUF |
| Beneficiary’s account number |
|  | - |  | - |  |  |
| Debit date | Document No. |  |  |  |  |  | Payment system |  |  |  |  |
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