

**FROM : NAME :** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_

**PHONE NO :** \_\_\_\_\_

**MOBILE NO:** \_\_\_\_\_

**CLIENT CODE :** \_\_\_\_\_

To,

Dear Sir,

**Sub : E-Payments**

I/we request and authorize you to effect E-Payment to my / our Bank account as per the details given below :

Bank Account Name : \_\_\_\_\_

Bank Account Number : \_\_\_\_\_

Branch Name & Address of Bank: \_\_\_\_\_

Email Id : \_\_\_\_\_

Permanent A/c Number (PAN) : \_\_\_\_\_

Name of the Auth signatory : \_\_\_\_\_

Contact Person : \_\_\_\_\_

Contact Number : \_\_\_\_\_

IFSC code : \_\_\_\_\_

MICR Code : \_\_\_\_\_

Type of Account : Savings / Current / Cash Credit

I, hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby authorize Bank ( as mentioned above) to credit my above mentioned account with the amount of installment and I agree to discharge the responsibility expected of me as a participant under the scheme.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Account Holder (s)

- Mandatory fields -cannot be left blank.
- Kindly attach a blank canceled cheque with this mandate form.

**Bankers Attestation -**

**CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS.**

BANK STAMP

DATE : \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF BANK OFFICIAL (SEAL)