

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)

MODEL MANDATE FORM

CUSTOMER'S OPTION TO MAKE PAYMENTS THROUGH DEBIT CLEARING

Scheme name			periodicity of payment	
				No
1.		Customer Name	T :	
2.		Particulars of Bank Account	:	
۷.	Α.	Bank name		
	В.	Branch name	:	
	С.	9-digit code number of the bank & branch appearing on the MICR cheque issued by the bank. (Please attach the photocopy of a cheque or a blank cancelled cheque issued by your bank for verifying the accuracy of the code	:	
	D.	number) Account type (s.b. account/current account or cash credit) with code 10/11/13	:	
	E.	Ledger no/ledger folio no.	:	
	F.	Account number (as appearing on the cheque book)	:	
3.		Date of effect	:	
I, hereby, declare that the particulars given above are correct and complete. 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 have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.				
() SIGNATURE OF THE PAYER/CUSTOMER DATE:				
Certified that the particulars furnished above are correct as per our records.				
Bank's Stamp: Date: SIGNATU				() GNATURE OF THE AUTHORISED/OFFICIAL FROM THE BANK