



Debit Mandate Form NACH / DIRECT DEBIT

UMRN **F O R O F F I C E U S E O N L Y**

Date

Sponsor Bank Code For office use only Utility Code For office use only

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input checked="" type="checkbox"/>
CANCEL	<input checked="" type="checkbox"/>

I/We, hereby authorize To debit (Please ✓)

Bank a/c number

with Bank IFSC MICR

an amount of Rupees ₹

FREQUENCY : Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE : Fixed Amount Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of chagers of the Bank

PERIOD	
From	<input type="text"/>
To	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Or	<input checked="" type="checkbox"/> Until cancelled

Signature Primary Account holder _____

Signature of Account holder _____

Signature of Account holder _____

1. _____ 2. _____ 3. _____

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.