

UTI One Time Mandate Form



Haq, ek behtar zindagi ka.

UMRN

F o r o f f i c e u s e

Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tick (✓)	
CREATE	<input checked="" type="checkbox"/>
MODIFY	<input checked="" type="checkbox"/>
CANCEL	<input checked="" type="checkbox"/>

Sponsor Bank Code

C I T I 0 0 0 P I G W

Utility Code

C I T I 0 0 0 0 2 0 0 0 0 0 0 0 3 7

I/We hereby authorize

UTI Mutual Fund

to debit (tick✓)

SB CA CC SB-NRE SB-NRO Other

Bank a/c number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

with Bank

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IFSC

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or MICR

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an amount of Rupees

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

₹

FREQUENCY Mthly Qtrly H.Yrly Yrly As & when presented

DEBIT TYPES Fixed Amount Maximum Amount

Reference 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please enter mobile number registered in India only)

Reference 2

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Email ID

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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 charges of the bank.

PERIOD

From

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To

3	1	1	2	2	0	9	9
---	---	---	---	---	---	---	---

Or

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 instructions 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 or the bank where I have authorized the debit.