Debit Mandate Form NACH / ECS/ DIRECT DEBIT

UMRN

Date

Tick (✓)
CREATE
MODIFY
CANCEL

Sponsor Bank Code

Utility Code

I/We hereby authorize

to debit (tick ✓) SB /CA /CC /SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ 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 charges of the bank.

PERIOD

From

To

Signature primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

- 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.