

OTHER BANKS

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

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Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Tick

Sponsor Bank Code

002

Utility Code

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CREATE

MODIFY

CANCEL

I/We hereby authorize

PTA Dist. Police Departmental Employees Co-op. Society Ltd. No. PT. 103

to debit (tick)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

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with Bank

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IFSC

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

or MICR

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

an amount of Rupees

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₹

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FREQUENCY

Mthly

Qtly

H-Yrly

Yrly

As & when presented

DEBIT TYPE

Fixed Amount

Maximum Amount

Reference 1 (PEN Number)

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Phone No

--

Reference 2 (Member Number)

--

E-mail 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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Or

Until Cancelled

1st Holder Signature

2nd Holder Signature

3rd Holder Signature

1st Holder Na,e as in Bank account

2nd Holder Na,e as in Bank account

3rd Holder Na,e as in Bank account

This is to confirm that the declaration has been carefully read, understood and 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 authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity / corporate or the bank where I have authorised the debit.

FOR BANK USE ONLY

Application Checked & Verified By

Date :