STATE BANK OF INDIA

NACH/ECS/AUTO DEBIT UMRN			Date D M M Y Y Y
MANDATE INSTRCTION FORM			
Tick [✓] Sponsor Bank Code 002 Utitity Code			
CREATE MODIFY 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/O			
CANCEL Bank a/c number			
with Bank	IFSC	or	MICR
an amount of Rupees ₹			
FREQUENCY Mthly Qtly H-Yrly Xrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount			
Reference 1 (PEN Number)		Phone No	
Reference 2 (Member Number)		E-mail 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 D D M M Y Y Y Y	4st Haldan Cinnachuna	Ord Haldan Olamatana	Ord Hadday O'con at one
To DDMMYYYY	1 st Holder Signature	2 nd Holder Signature	3 rd Holder Signature
Or Until Cancelled	1st Holder Na,e as in Bank account	2 nd 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: