

DEBIT MANDATE FORM NACH / DIRECT DEBIT



UMRN

Sponsor Bank Code

Utility Code

Tick

CREATE
 MODIFY
 CANCEL

I/We hereby authorize to debit (tick✓)

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

Bank a/c number

with Bank

IFSC

& 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 the latest schedule of charges of the bank.

PERIOD

From
To
Or Until Cancelled

Signature of Primary A/c Holder _____ Signature of A/c Holder _____ Signature of A/c 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 and 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 or the bank where I have authorized the debit.