

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)

MANDATE FORM

CUSTOMER'S OPTION TO MAKE PAYMENT THROUGH DEBIT CLEARING

JVM –Monthly ECS Scheme

- 1) CUSTOMER'S NAME :
- 2) CUSTOMER'S ADDRESS :
- A. TELEPHONE NO :
- B. PAN CARD NO :
- 3) Particulars of bank account.
- A. BANK NAME :
- B. BRANCH NAME :
- C. 9 –digit code number of the bank & branch
appearing on the MICR cheque issued by the bank.
(Please attach the photocopy of a cheque or a bank
cancelled cheque issued by your bank for verifying
the accuracy of the code number) :
- D. Account type (Saving account/ current account
or cash credit) with code 10/11/13 : 10
- E. Ledger no / ledger folio no. :
- F. Account no.(as appearing on the cheque book) :

Name Of the Scheme	Date of effect	Periodicity (Monthly/Bi Monthly /Quarterly /etc.)	Amount of Installment (Rs.per month)	Number of Installments /Valid upto
JVM -Monthly ECS Scheme	Thirteenth of Every Month	Monthly		

I, hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

(.....)

SIGNATURE OF THE PAYER / DONOR

DATE:

Certified that the particulars furnished above are correct as per our records. We have kept one copy of the debit mandate for our record.

Bank's stamp:

Date:

SIGNATURE OF THE AUTHORISED

OFFICIAL FROM THE BANK

Note : Utility Code : 4000188.