ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)

MODEL MANDATE FORM

CUSTOMER'S OPTION TO MAKE PAYMENTS THROUGH
DEBIT CLEARING

_____Scheme name _____periodicity of payment

No._____

1.		Customer Name	**:**	
2.		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 blank cancelled cheque issued by your bank for verifying the accuracy of the code number)	**:**	
	D.	Account type (s.b. account/current account or cash credit) with code 10/11/13	**:**	
	E.	Ledger no/ledger folio no.	**:**	
	F.	Account number (as appearing on the cheque book)	**:**	
3.		Date of effect	**:**	

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/CUSTOMER
DATE:

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp: ( )
Date: **SIGNATURE OF THE AUTHORISED/OFFICIAL FROM THE BANK**