



ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)

MODEL MANDATE FORM

CUSTOMER'S OPTION TO MAKE PAYMENTS THROUGH DEBIT CLEARING

_____Scheme name _____periodicity of payment
No._____

Table with 3 main rows and sub-rows (A-F) for account details. Columns include item number, description, and separator symbols.

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