



OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT

UMRN Date Tick ☒

Create	<input checked="" type="checkbox"/>
Modify	<input type="checkbox"/>
Cancel	<input type="checkbox"/>

Sponsor Bank Code Utility Code I/We, hearby authorize to Debit (Tick ☒) ☒ SB ☐ CA ☐ SB-NRE ☐ SB-NRO ☐ OthersBank Account Number with Bank IFSC or MICR An amount of Rupees ₹ FREQUENCY ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly ☒ As & When Presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum AmountUnique ID Phone Number Reference 2 Email Id

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank

From To Or ☐ Until Cancelled1. 2. 3.

This is to confirm that the declaration has been carefully read, understood & 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 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.