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| UMRN | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | |
| Sponsor Bank Code | | | | | | | | | | | | | | | Utility Code | | | | | | | | | | | | | | | | | | | |
| Tick <input checked="" type="checkbox"/> | | I/We hereby authorize | | | | | | | | | | | | | | | to debit (tick <input checked="" type="checkbox"/>) | | | | | | | | | | | | | | | | | |
| CREATE | | | | | | | | | | | | | | | | | <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| MODIFY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CANCEL | | Bank a/c number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| with Bank | | | | | | | | | | | | | | | IFSC | | | | | | | | | | or MICR | | | | | | | | | |
| an amount of Rupees | | | | | | | | | | | | | | | | | | | | | | | | | ₹ | | | | | | | | | |
| FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input type="checkbox"/> As & when presented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEBIT TYPE <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference 1 | | | | | | | | | | | | | | | Phone No. | | | | | | | | | | | | | | | | | | | |
| Reference 2 | | | | | | | | | | | | | | | Email ID | | | | | | | | | | | | | | | | | | | |
| PERIOD I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <div style="margin-left: 10px;"> 1. _____ 2. _____ 3. _____ </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Or | | <input type="checkbox"/> Until Cancelled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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.
 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.