•	HDFC BANK
Wall	nderstand your world

SOURCE CODE:

We understand your world  BillPay Registration Form
Personal Details
Full Name
AOD No.
Customer ID No.
Debit / ATM Card No. Primary Account No.
Please note that the Primary Account number will be accessed while paying your bills using the BillPay facility
Filling in the following details will enable you to avail the BillPay facility. You can pay for 5 different bills under Electricity / Others 5 under Phone Nos. (Landline + Mobile Phones combined)& 5 different Policy Nos. in case of insurance premium payments. Please use a separate form to register, if you have more than one bill of each company. Please select SHORT Name (a combination of 4 alphabets or number of your choice) which will appear on the ATM /NetBanking screen when the bill details are displayed to help you identify the bills while paying.  These fields are to be filled compulsarily.  These details are available on your bill copy. In case you wish to leave these fields blank, please attach a copy of your bill.
Phone
Telephone Companies
Name of the Co. City
Short Name for the Co.
Consumer / Account No.
(as provided by the Telephone Co.)
Telephone No attached
Exchange Code
Name in which Telephone is registered
Mobile Phone
Name of Co. City
Short Name for Co.
Consumer / Account No. Bill copy
(As provided by the Mobile Companies) attached  Mobile Phone No.
Name in which Mobile Number is registered
Life Insurance Cos.
BillPay is available only in NetBanking for Insurance Cos.
Name of Co. City
Short Name for the Co. Policy No.
(As provided by Insurance Co.)
Client ID Bill copy  Browium Amount Boughlo attached
Premium Amount Payable
Name of Policy Holder
Premium Frequency Quarterly ☐ / Half Yearly ☐ / Yearly ☐ Email ID*
Date of Birth of Policy Holder**
*Mandatory for LIC **only for SBI Life Insurance

To register for BillPay, just fill-up this form and drop it at your nearest branch.

Name of Co.   City   Short Name for the Co.   Consumer / Account No.   (As provided by the Electricity Co.)   Cycle No. (if applicable)   Billing Unit No. (if applicable)   Mahanagar Gas Ltd.   Short Name for the Co.   Account No.   Others	☐ Bill copy attached
(As provided by the Electricity Co.)  Cycle No. (if applicable)  Billing Unit No. (if applicable)  Mahanagar Gas Ltd.  Short Name for the Co.  Account No.	attached  ☐ Bill copy
Cycle No. (if applicable)  Billing Unit No. (if applicable)  Mahanagar Gas Ltd.  Short Name for the Co.  Account No.	attached  ☐ Bill copy
Mahanagar Gas Ltd. Short Name for the Co. Account No.	
Mahanagar Gas Ltd. Short Name for the Co. Account No.	
Short Name for the Co. Account No.	
Account No.	
Others	
Name of Co. City	
Short Name for the Co.	_
Ref Field # 1	☐ Bill copy attached
Ref Field # 2	attacheu
communication giving a minimum notice of 30 days. I agree that the Bank may debit my account for serv time to time.	0 11
Signature	
For Bank use only	
Branch Signature verified by	
Branch Oignature vernica by	
Account No. verified by	