

## Debit Mandate Form NACH



UMRN

F O R O F F I C E U S E O N L Y

Date

D D M M Y Y Y Y

Sponsor Bank Code SCBL0036001

Utility Code

- ☐ Create  
☐ Cancel  
☐ Update

I/We hereby authorize

To Debit

SB	CA	CC	SB-NRE	SB-NRO	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bank a/c number

With Bank

Name of customer bank

IFSC

MICR

An amount of Rupees

Amount in words

₹

Amount in Figures

FREQUENCY

☐ Mthly ☐ Qtly ☐ H.Yrly ☐ Yrly ☐ As & when presented

DEBIT TYPE

☐ Fixed Amount ☐ Maximum Amount

Reference 1

TATA POWER CA NO

Phone No.

Reference 2

Email ID

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

PERIOD

From

D D M Y Y Y Y Y

To

D D M Y Y Y Y Y

Or

☐ Until Cancelled

Signature of primary Account Holder

Signature of Account Holder

Signature of Account Holder

1 Name as per bank records

2 Name as per bank records

3 Name as per bank records

- 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.

## DECLARATION

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the utility/service provider/participating Banks responsible. I/We have read the option invitation letter and agree to discharge the responsibility expected of me/us as participant/s under the scheme I/We authorize use above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

This mandate shall be treated as the requisite authorization by me to the representative carrying this ECS mandate form to get it verified and executed and the bank named in the mandate to debit my bank account with such amount as may by due to be paid to the company.

No corrections allowed on the form.

Pay before (tick ✓) : ☐ Prompt Payment Due Date or ☐ Bill Due Date