


ECS MANDATE FORM

	UMRN													DATE													
	Utility Code	P D C X O O O O 2 O O O 2 7 2 5 1												<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel													
Sponsor Bank Code	HDFC0CPDCCB						I/We hereby authorize						PUNE DISTRICT CENTRAL CO-OP BANK LTD.PUNE														
To debit (tick)	SB	CA	CC	SB-NRE	SB-NRE	OTHER	Bank A/c Number																				
With Bank							IFSC/MICR :																				
An amount of Rupees							Rs.																				
DEBIT TYPE :	<input checked="" type="checkbox"/> Fixed Amount			<input type="checkbox"/> Maximum Amount			FREQUENCY :	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Qtly	<input type="checkbox"/> HalfYearly	<input type="checkbox"/> Yearly	<input type="checkbox"/> As & when presented															
Reference 1							Reference 2																				
<p>1. 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 2.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. 3. I have understood that I am authorised to cancel/amend this mandate appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized the debit.</p>																											
From Date							Maximum period of validity of this mandate is 40 years only																				
To Date																											
Maximum period of validity of this mandate is 40 years only																											
_____ <i>Customer Signature</i> _____ <i>Customer Signature</i> _____ <i>Customer Signature</i>																											
Phone No.							1	<i>Customer Name</i>						2	<i>Customer Name</i>						3	<i>Customer Name</i>					