


ECS MANDATE FORM

	UMRN	<input type="text"/>																DATE	<input type="text"/>																																																
	Utility Code	P	D	C	X	O	O	O	O	2	O	O	O	O	2	7	2	5	1	<input 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	<input type="text"/>																																																											
With Bank	<input type="text"/>																IFSC/MICR :	<input type="text"/>																																																	
An amount of Rupees	<input type="text"/>																Rs.	<input type="text"/>																																																	
DEBIT TYPE :	<input type="checkbox"/> Fixed Amount	<input type="checkbox"/> Maximum Amount	FREQUENCY :														<input type="checkbox"/> Monthly	<input type="checkbox"/> Qtly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly	<input type="checkbox"/> As & when presented																																														
Reference 1	<input type="text"/>																Reference 2	<input type="text"/>																																																	
<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	<input type="text"/>																																																																		
To Date	<input type="text"/>																																																																		
																<div> <div><i>Customer Signature</i></div> <div><i>Customer Signature</i></div> <div><i>Customer Signature</i></div> </div>																																																			
Phone No.	<input type="text"/>																1	<i>Customer Name</i>																2	<i>Customer Name</i>																3	<i>Customer Name</i>															