



SWATANTRYA SENANI LATE SHRIPAL ALASE (KAKA)  
KURUNDWAD URBAN CO-OP BANK LTD. KURUNDWAD

UMRN           Date

Tick

Sponsor Bank Code **IBKL0116SBK**

Utility Code **NACH00000000017457**

CREATE

I/We hereby authorize **SWATANTRYA SENANI LATE SHRIPAL ALASE(KAKA) KURUNDWAD URBAN CO-OP BANK LTD** to debit (tick) **SB / CA / CC**

MODIFY

CANCEL

Bank a/c number

with Bank  IFSC       or MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 (Mandate Reference No.)  Phone No.

Reference 2 (Unique Client Code-UCC)  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            
To            
Or  Until Cancelled

Signature of Primary A/C Holder

Signature of A/C Holder

Signature of A/C Holder

1.  Name of Primary A/C Holder  2.  Name of A/C Holder  3.  Name of A/C Holder

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 authorised 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.

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I/We hereby declare that the particulars given above are correct and complete in all respects. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We have read the option invitation letter and agree to discharge the responsibility expected of me/us as a participant under the scheme.

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing)/Direct Debit/Standing Instruction and that my/our payment towards my/our loan/Deposit etc. in SBK Bank shall be made from my /our above mentioned bank account with your bank. I/We authorize the representative carrying this ECS (Debit Clearing/Direct Debit/Standing Instruction mandate form to get it verified & executed.

\*Account holder Names (As per bank's record)

1st A/c Holder Name

2nd A/c Holder Name

3rd A/c Holder Name

1<sup>st</sup> Account holder signature

2<sup>nd</sup> Account holder signature

3<sup>rd</sup> Account holder signature

#### For Bank Use Only

Certified that the particulars furnished above are correct and as per our records.

Bank's Stamp

Date

Signature of the Authorized official from the Bank