



UMRN

XX

Date

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Tick (✓)
CREATE
MODIFY
CANCEL

Sponsor Bank Code

UTIB0000248

Utility Code

XX

I/We hereby authorize

XX

to debit (tick✓)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

XX

with Bank

XX

IFSC

XX

or MICR

XX

an amount of Rupees

XX

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE Fixed Amount

Maximum Amount

Reference 1

XX

Phone No.

XX

Reference 2

XX

Email ID

XX

PERIOD

"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."

From

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To

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Or Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in 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.

MANDATE FORM

10-02-2016

SBTR 173447

AXIS BANK

UNION: _____ Date: _____

Sponsor Bank Code: **UTIB0000240** Utility Code: _____

Name of the corporate collecting the payment: _____ Mandatory on form: Yes Mandatory in data: Yes

Sponsor Bank IFSC/MICR: _____ Mandatory on form: NO Mandatory in data: YES

Unique Mandate Reference Number (UMRN) to be provided on the physical mandate, only in case of mandate cancellation: _____

Corporate User code issued by NPCI: _____ Mandatory on form: NO Mandatory in data: YES

Mandate Date: _____ Mandatory on form: NO Mandatory in data: NO

Mandate Instruction to create/modify/cancel: CREATE MODIFY CANCEL

Name of the customer's bank where the above a/c is maintained: _____ Mandatory on form: YES Mandatory in data: YES

I/We hereby authorize _____ to debit (tick ✓) SB / CA / CC / SD-NRE / SB-NRO / Other _____

Bank/a/c number: _____

Customer account type: _____ Mandatory on form: YES Mandatory in data: YES

with Bank: _____ IFSC: _____ or MICR: _____

an amount of Rupees _____

Frequency of payment: Mthly Qtrly H-Yrly Yrly As & when presented

DEBIT TYPE: Fixed Amount Maximum Amount

Reference 1: _____ Phone No.: _____

Reference 2: _____ Email ID: _____

Customer's complete a/c no. as provided on his cheque leaf: _____ Mandatory on form: YES Mandatory in data: YES

PERIOD: From _____ To _____

Or Until Cancelled

The Actual/Max Amt that is to be debited (in figures and words): _____ Mandatory on form: YES Mandatory in data: YES

Name and signature of primary/jointly managed a/c holder: _____ Mandatory on form: YES Mandatory in data (Name): YES

Customer's bank IFSC/MICR: _____ Mandatory on form: YES Mandatory in data: YES

Customer's phone/mobile no and email id: _____ Mandatory on form: NO Mandatory in data: NO

Select one of the options to state Debit type "Fixed" or "Maximum": _____ Mandatory on form: YES Mandatory in data: YES

FROM - Payment Starting date: _____ Mandatory on form: YES Mandatory in data: YES

UPTO (Payment end date) or Until cancelled: _____ At least, one of the two needs to be mandatorily provide