Debit Mandate Form NACH / ECS / DIRECT DEBIT

UMRN | | | | | | | | | | | | | | | | | | | | Date D D D D Y Y Y Y

Tick (✓)
CREATE✓
MODIFY
CANCEL

Sponsor Bank Code | | Utility Code | |

I/We hereby authorize ICICI MERCHANT SERVICES to debit (tick✓) SB/CA/~~CC/SBNRE/SB-NRO/Other~~

Bank a/c number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

with Bank Name of customers bank IFSC | | | | | | | | | | | or MICR | | | | | | | | | |

an amount of Rupees Amount in words | |

FREQUENCY ☐ ~~Mthly~~ ☐ ~~Qtly~~ ☐ ~~H-Yrly~~ ☐ ~~Yrly~~ ☑ As & when presented

DEBIT TYPE ☐ ~~Fixed Amount~~ ☑ Maximum Amount

Reference 1 | | 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 | | | | | | | | |

To - - - - - - - -

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 thet 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 thet I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate of the bank where I have authorized the debit.