

UMRN Date Utility Code: ☐ Create ☐ Modify ☐ CancelSponsor Bank Code I/We authorize

To Debit (tick ✓)

Bank A/c Number

With Bank

IFSC/MICR

An amount of Rupees

₹

Debit Type☐ Fixed Amount☐ Maximum Amount**Frequency**☐ Monthly☐ Quarterly☐ Half yearly☐ Yearly☐ As & when presented

Reference 1

Reference 2

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 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.

From

Maximum period of validity of this mandate is 40 years only

To

Maximum period of validity of this

Mandate is 40 years only

signature of Primary account holderSignature of account holderSignature of account holder

Phone No:

1. Name as in Bank records2. Name as in Bank records3. Name as in Bank records**THE DISTRICT COOPERATIVE CENTRAL BANK LTD., KAKINADA**

DNO 70-7-28/1, PITHAPURAM ROAD, KAKINADA-533003

DIRECT DEBIT / ECS (DEBIT CLEARING) MANDATE FORM

To

The Branch Manager,

| | | | | | |
|-----------|--|-------------|--|----------|--|
| Bank Name | | Branch Name | | City | |
| | | | | Pin code | |

I hereby authorize you to debit my account for making payment to DCCB through Direct Debit/ECS (Debit Clearing) as per the details given as under.

Account Number *Account Number should match with the cancelled cheque*MICR Code *MICR Code should match with the cancelled cheque**Tick as per cancelled cheque*A/c Type

| | |
|---------------------------|----------------------|
| Account Holder Name | <input type="text"/> |
| Joint Account Holder Name | <input type="text"/> |

*Account Holder Name(s) should match with the cancelled cheque*Contact Number

| | | | |
|-----------------------------|---------|----|------|
| EMI Details | | | |
| Date of Effect | Dd | Mm | yyyy |
| Valid Upto | Dd | Mm | yyyy |
| Periodicity | Monthly | | |
| Instalment with Upper Limit | , | | |

| |
|---|
| Account Holder |
| Joint Account Holder |
| Signature of Account Holder as per bank records (and joint Account holder if applicable) |

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

| | |
|--|---|
| | Joint Account Holder |
| Signature of Account Holder as per bank records | Signature of Joint Account Holder (if any) as per bank records |

-----FOR BANK USE ONLY-----

Certified that bank account details like account number,
MICR code, A/c Type, and account holder name are
correct as per our records

Bank Stamp & Date

Authorized Bank Official's Signature

| | |
|---|----------------------|
| Loan Account Number (filled by DCCB) | <input type="text"/> |
|---|----------------------|

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 payment towards my loan/Investment in APCOB shall be made from my/our above mentioned bank account. I/We authorize The Andhra Pradesh State Cooperative Bank Ltd., carrying this ECS (Debit Clearing) Direct Debit / Standing Instruction mandate form to get it verified & executed. I/We also authorize the bank to debit my account for charges towards mandate verification and transactions bounced due to insufficient funds' as applicable

Signature of Customer

INSTRUCTIONS TO FILL MANDATE

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate (Maximum Length - 20 Alpha Numeric Characters). 2. Date is in DD/MM/YYYY format. 3. Utility code of the service provider. (Maximum length-18 Alpha Numeric Characters). 4. Tick on box to select type of action to be initiated. 5.Sponsor bank IFSC/MICR Code. Left padded with zeroes where necessary. (Maximum length-11 Alpha Numeric Characters) 6. Name of Service provider. 7. Tick on box to select type of account to be affected. 8.Customer's legal account number, (maximum length-35 Alpha Numeric Characters) 9.Name of Bank 10.IFSC/MICR code of Customer Bank. (Maximum Length-11 Alpha numeric Characters of IFSC & 9 Numeric of MICR Code) 11.Amount payable for service or maximum amount per transaction that could be processed in words. 12. Amount in Figures, similar to the amount mentioned in words. (maximum Length-13 digit Numeric in paise) 13.Service Provider generated consumer reference Number 14. Service Provider generated scheme/ Plan reference number 15. Tick on box to select frequency of transaction. 16. Validity of mandate with dates in DD/MM/YYYY format. 17.Name of Customer/s and Signature/s as well as seal of company (where required). (Maximum length of Name-40 Alpha Numeric Characters). 18.Undertaking by customer. 19.Telephone No. with STD code of customer/10 digit mobile number of customer.