THE MALAD SAHAKARI BANK LTD.

NACH/ECS/AUTO DEBIT MANDATE INSTRUCTION FORM

Estd. 1975

UMRN

Date 2 0

Tick (✓)

- CREATE
- MODIFY
- CANCEL

Sponsor Bank Code

Utility Code M S B L 0 0 0 0 1 0 0 0 0 0 1 2 3 8

I/We hereby authorize THE MALAD SAHAKARI BANK LIMITED to debit (tick ✓) SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other ☐

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 2 0

To 2 0

Or ☐ Until Cancelled

1. _____ 2. _____ 3. _____

- 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.