NACH Mandate Form

State Bank of India	Debit Mandate Form NACH / EC	S / DIRECT DEBIT	
THE BANKE TO EVERTINOUS UMRN			Date 2 0
Tick (-/') sponsor Bank Code	002	Utility Code	NACH 00000000004533
CREATE VI/we hereby authorize	State Bank of India	to debit (tick-	SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL Bank a/c number			
with Bank	IFSC		MICR
an amount of Rupees			1[₹
FREQUENCY Mthly Qtly H-Yrly	Yrly As & when presented	DEBIT TYPE Fixed	Amount Maximum Amount
Reference 1 Loan A/c No. :		Phone No.	
Reference 2 PAN No. :		Email ID	
I agree for the debit of mandate processing charges by	the bank whom I am authorizing to debit my account a	s per latest schedule of charges of the bar	nik.
PERIOD	7		
From	1		
To	Signature Primary Account Holder	Signature of Account Hole	der Signature of Account Holder
Or Until Cancelled	Name as in bank records	Name as in bank reco	rds 3. Name as in bank records

[&]quot;This is to confirm that the declaration has been carefully read, understood & made by Welus. I am authorizing the user entity if corporate to debit my account Based on the instruction as agreed and signed by me.

"I have understood that I am authorized to cancel." amend this mandate by appropriately communicating the cancellation if amendment request to the user entity if corporate or the bank where I have authorized the debit.