Debit Mandate Form for NACH

BSNL
Connecting India
POWERED BY BILLDESK

UMRN | | | | | | | | | | | | | | | **Date** | D | D | M | M | Y | Y | Y | Y |

(Please Tick √)

CREATE √	
MODIFY	
CANCEL	

Sponsor Bank Code | For office use only

Utility Code | For office use only

I/We, hereby authorize   **BHARAT SANCHAR NIGAM LIMITED**   To debit (Please tick)   **SB / CA / CC / SB - NRE / SB - NRO / OTHER**

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

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

an amount of Rupees   Amount in words   ₹

FREQUENCY: ☐ Monthly ☐ Quarterly ☐ Yearly ☑ As & when presented   **DEBIT TYPE :** ☐ Fixed Amount ☑ Maximum Amount

Reference 1   Billing Account Number   **Phone No.**

Reference 2   Telephone Number / Mobile Number   **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 | 3 | 1 | 1 | 2 | 2 | 0 | 9 | 9 |

Or | X | 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.