

NACH

(National Automated Clearing House)

To Remittance Dept., SBI CARDS AND PAYMENT SERVICES LIMITED DLF Infinity Tower, Tower C, 12 th Floor, Block II, Building no 3, DLF Cyber City, Gurgaon-122002 (Haryana) India Dear
Dear Sir,
Subject: Authorization to pay SBI Credit Card outstanding through National Automated Clearing House (NACH).
I, being a SBI Credit Cardholder, hereby authorize SBI Card & Payment Services Limited ("SBI Card") to release payment for the outstanding amount on my SBI Credit Card directly from my Bank Account number enclosed herewith through NACH facility of NPCI.
I hereby declare that the entire information given by me is correct. If any transaction is delayed due to any incorrect/incomplete information given by me, I will not hold SBI Card responsible for the same.
I further agree that my bank shall be informed for this debit mandate and it cannot be cancelled/withdrawn/ suspended except with the prior written consent of SBI Card.
I am enclosing the NACH Enrolment Form and request you to activate the NACH on my credit card account mentioned therein.

(Signature of SBI Credit Cardholder)



NACH Enrollment Form (Soft copy acceptable in case of reqistered email ID only) 1. Credit Card No: 2. Credit Cardholder Name: 3. Payment Debit Type: Total Amount Due as mentioned in statement Minimum Amount Due as mentioned in statement 4. Bank Account Holder Name: No more Delayed Payments or Late Payment Charges Complete Flexibility

Note:

- ✓ Allow us 12 working days to activate your NACH on your card account.
 ✓ New form will be required in case of any change in your SBI Credit Card
 - ✓ Refer Important Instructions before filling the mandate. Any incorrect/incomplete details may lead to rejection of the mandate
 - ✓ Fixed amount option cannot be availed (Debit type)

NPCI	₩ UMRN						Dat	te D	D	M	88. Y	X	YY
нийх ида учен й нестне совтавленом от м	Utility Code) Cre	ate	0	Modi	fy (◯ Ca	ncel
Sponsor Bank Code		1/	We authorize										
To debit (tick√) SI	B / CA / CC / SB-NRE / SB-N	RO / OTHER	Bank a/c num	ber	TT	TT	TT	П		T	П	П	
With Bank	Bani	neme				IFSC/A	AICR						
an amount of Ruper	es		In words						1	An	ount i	n Num	eric
Debit Type Fixe	d Amount	m Amount	Frequency	Monthly	Quarter	ty 🗆 F	falf Yea	rly 🗆	Yeart	у 🗆	As & v	when p	resente
Reference 1	16 Digit Credit Car	d Number		Reference	2		16 Digit 0	redit C	and Num) ac			
declaration has been care	M V V V V	by me/us. I am d this mandate b	authorising the use	er entity/Corpora municating the c	ite to debi ancellation	it my acco n / amendo	ount, base ment requ	d on the	e instruc e user e	tions	as agrees	d and sig	ned by a
	od of validity of is 40 years only	Signature	of primary account	tolder	Signatur	n of acco	ant Parking			Signat	ine of an	court hy	(des
Phone No.		1. Name											



Important Instructions

All fields below mentioned are mandatory to be filled while opting NACH facility on your Card. In case of any detail is missing, this mandate will not be processed further and is considered invalid/incomplete.

S.No	Data Fields On NACH Mandate	Туре	To be filled	
1	Credit Card Number	Optional	Filled by SBI Card or customer	
2	Credit Card Holder Name	Customer name as updated in records of SBI CARD	Filled by customer	
3	Bank Account Holder Name	Customer name as updated in bank records	Filled by customer	
4	Payment Option	TAD MAD	Filled by customer	
5	Bank Name	As per the bank records	Filled by customer	
6	Bank Account Number	As per the bank records	Filled by customer	
7	IFSC Code/MICR	As per the bank records	Filled by customer	
8	Amount (Rupees to be filled in Words and in Numeric)	Since outstanding amount to be paid changes with every payment cycle, we recommend you to appropriately enter the maximum amount that can be debited from your bank account. For uninterrupted NACH payment processing, we recommend you to always provide a new mandate with revised amount in case of an increase in credit limit. By not filling any value you will authorize SBI Card to mention a default maximum Credit Card limit of Rs 20 lacs, however the amount deducted would be as per the credit card bill/outstanding.	Filled by SBI Card or customer (If authorize below by customer)	
9	Frequency	Monthly	Filled by customer	
10	To Debit	SB CA CC SB NRE SB NRO Other	Filled by customer	
11	Reference-1	16 digit card number	Filled by customer	
12	Start Date(From)	DDMMYYYY	Filled by customer	
13	End Date (To)	DDMMYYYY	Filled by customer	
14	Debit Type	Should be maximum	Filled by customer	
15	Signature	Customer signature with customer name	Filled by customer	