

To,

Date:

SBI Cards & Payment Services Pvt. Ltd.

P. O. Bag No.16, G. P. O.

New Delhi – 110 001

Subject: Request for FD Adjustment towards outstanding Balance and Cancellation of SBI Card (**Mandate**).

Name:

Contact Number:

SBI Card Number (**Mandate**):

Customer's Comments:

Cardholder's Signature: (**Mandate**)