

**AUTO DEBIT FORM**  
**(FOR EXISTING CREDIT CARD HOLDER)**

Karnataka Bank

Date :

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Dear Sir,

I/We hereby instruct you to pay SBICPSL by debit from my/our Karnataka Bank account number -----  
----- with such amounts as may be requested by  
SBICPSL from time to time against the payment of my Karnataka Bank SBI Card Number -----  
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I choose to pay my monthly Karnataka Bank SBI Credit Card dues as per the option ticked below:

Total Amount Due (TAD)  Minimum Amount Due (MAD)

(Maximum amount debited at any time shall not exceed the Total Amount Due at the time of auto debit.)

**DECLARATION:**

I hereby confirm that I shall not dispute any amount so debited by you from my afore mentioned bank account, pursuant to the request raised by SBICPSL. I/We shall not revoke or cancel this mandate, without giving prior written notice of not less than 30 days to both, the Bank and SBICPSL.

Primary Card Holder Name-----

Mobile Number.....

Signature of Card Holder

**DETAILS TO BE VERIFIED BY THE BRANCH**

Name of Card holder.....

Account Number.....(A) Saving Account  (B)Current Account

Name of the Branch.....

Address Of Branch .....

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Tel ..... Email ID .....

Certified that the signature has been verified and that the particulars furnished above are correct as per our records.

Certified that there are no restrictions on the account for administering auto debit.

Specimen signature Number .....

Name.....

Designation .....

Name of Branch ..... Branch Code .....

Signature of the Authorized Official of the Bank with Bank Seal
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