

## AUTO DEBIT FORM

(FOR EXISTING CREDIT CARDHOLDER)

State Bank Of India

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir,

I/We hereby instruct you to pay SBICPSL by debit from my/our account number  with such amounts as may be requested by SBICPSL from time to time against the payment of my SBI Card Number.

I choose to pay my monthly 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 aforementioned 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 Cardholder Name: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Signature of Cardholder

### DETAILS TO BE VERIFIED BY THE BRANCH

Name of Cardholder:

Account Number:  A. Saving Account  B. Current Account

Name of the Branch:

Address of Branch:

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 the Branch: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Signature of the Authorized Official of the Bank with Bank Seal