

AUTO DEBIT FORM
(FOR EXISTING CREDIT CARDHOLDER)

State Bank of India

Date:

Dear Sir,

I/We hereby instruct you to pay SBICPSL (SBI Cards and Payment Services Limited) 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:

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

(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
