AUTO DEBIT FORM

(FOR EXISTING CREDIT CARDHOLDER)

To,

City Union Bank   Date :

Dear Sir,

I/We hereby authorize your bank to pay **SBI Cards and Payment Service Limited (SBICPSL)** by auto debit functionality from my/our City Union Bank account number ………………………………… with the amount as may be requested by SBICPSL from time to time, against the payment of my City Union Bank SBI Credit Credit Card Number …………………………………………………………..

I choose to pay my monthly City Union 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 aforesaid 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.

Signature of Card Holder

Primary Card Holder Name ………………………………

Mobile Number…………………………………………….

SBI card

Name of the Cardholder………………………………………………………………………….

Account Number……………………………(A) Saving Account ☐ (B) Current Account ☐

Name of the Branch   …………………………………………………………………………

Branch Address …………………………………………………………………………….…

……………………………………………………………………………………………….

……………………………………………………………………………………………….

Cardholder 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