BANK OF MAHARASHTRA DIRECT DEBIT MANDATE

Bank of Maharashtra

Date:

_____

_____

_____

Dear Sir,

I/We hereby instruct you to pay SBICPSL by debit to my/our account number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ with such amounts as may be requested by SPICPSL Limited from time to time against the outstanding of my Bank of Maharashtra - SBI Card Number 16 digit ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

I choose to pay my monthly Bank of Maharashtra - 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 direct debit.)

The request from SBICPSL may be conveyed in any form, including an electronic form. Whatever amounts so transferred / debited /deducted by you from my aforesaid account pursuant to the request of SBICPSL, shall be final and binding on me/us, and I/we will not dispute the same. I/we will not revoke or cancel this mandate without giving prior written notice of not less than 30 days to the Bank and SBICPSL.

Signature of Customer (Authorised signatory with seal if any)

Name of Customer:

Account Number :

Address of Customer:

Tel. Email id _____

DETAILS TO BE FILLED UP AND VERIFIED BY THE BRANCH

Name of Customer:

Account Number: Type of Account

Name of the Branch: Code:

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 direct debit.

Specimen Signature Number : _____

Name: _____

Designation : _____

Name of the Branch _____ Bank and Branch Code* : 8 ☐☐☐☐☐☐

Bank Code Branch Code

Signature of the Authorized Official of the Bank with Bank Seal

बैंक ऑफ महाराष्ट्र
Bank of Maharashtra

SBI Card
Make life simple