STATE BANK GROUP DIRECT DEBIT MANDATE

State Bank Group Date:

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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 payment of my SBI Card Number 16 digit ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

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 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: ☐☐☐☐