



ECS Enrollment Form Part-A
(Please fill and mail)

The Manager

(Bank Name)

(Bank Address)

Dear Sir,
I am an SBI Cardholder and would like to avail of the Electronic Clearing Facility offered by the RBI towards settlement of my monthly credit card dues.

Therefore, I would request you to accept this mandate to Debit my bank account No.

with your bank branch, towards the monthly dues of my SBI Card which would be billed by SBI Cards and Payment Services Pvt. Limited. Please treat this as an authorization to debit my account whenever such a request is received by you.

Please also inform SBI Cards and Payment Services Pvt. Limited in case this account is closed or its status is changed in any way. I too shall inform them in case the instruction is withdrawn or any other change takes place.

Thanking you for your co-operation.

Yours truly,

Signature of Account Holder

Date :/...../..... Name of Account Holder _____

ECS Enrollment Form Part-B
(Please fill and mail)

Name

SBI Card No.

Particulars of the Bank Account for your SBI Card payment:

1. Bank Name

2. Branch Name

3. Name of the Account Holder

4. Bank Account No.

5. Account Type Savings Current

6. MICR Code
(9 digit code no. appearing at the base of the cheque).

7. The amount to be debited from my Bank A/c towards SBI Card Payments (Please tick ANY ONE of below):
 Minimum Amount Due as mentioned in statement
 Total Amount Due as mentioned in statement
 Fixed Amount per month (Rs. _____ only)

- ✓ No more Delayed Payments or Late Payment Charges
- ✓ Freedom from Drop Boxes
- ✓ Complete Flexibility



Certification by Account Holder's Bank

We hereby certify that the above account is currently operational and the particulars (account details & signature) furnished above are correct as per our records.

BANK'S STAMP _____

AUTHORISED SIGNATORY _____ DATE _____





Please enclose a blank, cancelled cheque of the above bank account

To,

SBI Cards and Payment Services Pvt. Ltd.
DLF Infinity Towers, Tower C, 12th Floor,
Block 2, Building 3, DLF Cyber City
Gurgaon-122002 (Haryana) India
Website : www.sbicard.com

Dear Sir,

AUTHORISATION TO PAY THROUGH SBI Card EASY PAY ELECTRONIC CLEARING SCHEME

I, being an SBI Cardholder, hereby express my unconditional consent to SBI Cards and Payment Services Private Limited realising payment for the outstanding on my SBI Card directly from my Bank Account mentioned herein through ECS facility of Reserve Bank of India.

I hereby declare that the particulars given by me are correct and complete and if the transaction is delayed or not effected at all for reasons of incorrect and/or incomplete information, I would not hold SBI Cards and Payment Services Private Limited responsible.

I agree and understand that my bank shall be informed of this debit instruction as per the enclosed letter. I shall advise them of the same and I understand that the instruction cannot be withdrawn/cancelled/suspended except with the written consent of SBI Cards and Payment Services Private Limited.

(Signature of SBI Cardholder)

Date/...../.....

SBI Card No.

(Note : Please allow us 7 working days to activate the ECS on your card account.)

ENROLL TODAY!!!