

NACH

(National Automated Clearing House)

To Remittance Dept., SBI CARDS AND PAYMENT SERVICES LIMITED DLF Infinity Tower, Tower C, 12th Floor, Block II, Building no 3, DLF Cyber City, Gurgaon-122002 (Haryana) India Dear

Dear Sir,

Subject: Authorization to pay SBI Credit Card outstanding through National Automated Clearing House (NACH).

I, being a SBI Credit Cardholder, hereby authorize SBI Card & Payment Services Limited ("SBI Card") to release payment for the outstanding amount on my SBI Credit Card directly from my Bank Account number enclosed herewith through NACH facility of NPCI.

I hereby declare that the entire information given by me is correct. If any transaction is delayed due to any incorrect/ incomplete information given by me, I will not hold SBI Card responsible for the same.

I further agree that my bank shall be informed for this debit mandate and it cannot be cancelled/withdrawn/ suspended except with the prior written consent of SBI Card.

I am enclosing the NACH Enrolment Form and request you to activate the NACH on my credit card account mentioned therein.

(Signature of SBI Credit Cardholder)

osbicard

NACH Enrollment Form

(Soft copy acceptable in case of registered email ID only)

1.	Credit Card No:															
2.	Credit Carc	holder i	vame:				1	1	1	1	1	1	1	1		
		•									•	•				
3.	Payment Debit Type:															
	Total Amount Due as mentioned in statement															
	Minimum Amount Due as mentioned in statement															
4.	. Bank Account Holder Name:															
\checkmark	✓ No more Delayed Payments or Late Payment Charges ✓ Freedom from Drop Boxes															
×	✓ Complete Flexibility															

Note:

\checkmark	Allow us 12 working days to activate your NACH on your card account.
\checkmark	New form will be required in case of any change in your SBI Credit Card
√	Refer Important Instructions before filling the mandate. Any incorrect/incomplete details may lead to rejection of the mandate
~	Fixed amount option cannot be availed (Debit type)

		Date D	DMMYYYY
Automa memory company prover prover Utility Code		Create	Modify Cancel
Sponsor Bank Code	I/We authorize		
To debit (tick*) SB / CA / CC / SB-NRE / SB-I	NRO / OTHER Bank a/c number		
With Bank Ban	k neme	IFSC/MICR	
an amount of Rupees	In words		R Amount in Numeric
Debit Type Fixed Amount Maximu	Im Amount Frequency - Monthly Quar	terly 🗆 Half Yearly 🗌	Yearly 🗆 As & when presented
Reference 1 16 Digit Credit Cr	red Number Reference 2	16 Digit Credit Cr	rd Number
	by the bank whom I am authorizing to debit my account as to by me/us. I am authorising the user entity/Corporate to	febilt my account, based on the	
There authorized the debit.	Maximum period of validity of this mai		



Important Instructions

All fields below mentioned are mandatory to be filled while opting NACH facility on your Card. In case of any detail is missing, this mandate will not be processed further and is considered invalid/incomplete.

S.No	Data Fields On NACH Mandate	Туре	To be filled		
1	Credit Card Number	Optional	Filled by SBI Card or customer		
2	Credit Card Holder Name	Customer name as updated in records of SBI CARD	Filled by customer		
3	Bank Account Holder Name	Customer name as updated in bank records	Filled by customer		
4	Payment Option	TAD MAD	Filled by customer		
5	Bank Name	As per the bank records	Filled by customer		
6	Bank Account Number	As per the bank records	Filled by customer		
7	IFSC Code/MICR	As per the bank records	Filled by customer		
8	Amount (Rupees to be filled in Words and in Numeric)	Since outstanding amount to be paid changes with every payment cycle, we recommend you to appropriately enter the maximum amount that can be debited from your bank account. For uninterrupted NACH payment processing, we recommend you to always provide a new mandate with revised amount in case of an increase in credit limit. By not filling any value you will authorize SBI Card to mention a default maximum Credit Card limit of Rs 20 lacs, however the amount deducted would be as per the credit card bill/outstanding.	Filled by SBI Card or customer (If authorize below by customer)		
9	Frequency	Monthly	Filled by customer		
10	To Debit	SB CA CC SB NRE SB NRO Other	Filled by customer		
11	Reference-1	16 digit card number	Filled by customer		
12	Start Date(From)	DDMMYYYY	Filled by customer		
13	End Date (To)	DDMMYYYY	Filled by customer		
14	Debit Type	Should be maximum	Filled by customer		
15	Signature	Customer signature with customer name	Filled by customer		

(Customer authorization for filling amount in NACH form by SBI Card representative, as mentioned in point 8 above