

NACH

NATIONAL AUTOMATED CLEARING HOUSE MANDATE FORM

To,

SBI Cards & Payment Services Pvt. Ltd.
DLF Infinity Tower, Tower C, 12th Floor,
Block 2, Building no 3, DLF Cyber City
Gurgaon - 122002 (Haryana) India
Website - www.sbicard.com

Dear Sir,

Subject: Authorisation to pay through SBI Card National Automated Clearing House (NACH)

This is to declare that the details provided are true and correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold SBI Cards & Payment Services Pvt. Ltd responsible.

In case there is any change in my registered bank account details, I will inform SBI Cards & Payment Services Pvt. Ltd of the same.

I hereby agree to avail NACH (National Automated Clearing House) offered by the NPCI and authorise SBI Cards & Payment Services Pvt. Ltd, to debit the outstanding amount of my credit card, directly from my registered bank account.

Warm regards,

Signature

Full name in block letters

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

1. Credit Card No

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2. MICR Code

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3. Customer Name

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4. Payment Debit type -

Total Amount Due as mentioned in statement

Minimum Amount Due as mentioned in statement

Fixed Amount per month [Rs. _____ only]

Bank Account Holder Name

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Signature of SBI cardholder

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

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

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CREATE	I/We hereby authorize _____ to debit (tick✓)		SB /CA /CC /SB-NRE /SB-NRO /Other																														
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FREQUENCY	<input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input type="checkbox"/> As & when presented		DEBIT TYPE <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount																														
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I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.																																	
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Or	<input checked="" type="checkbox"/> Until Cancelled																																
	Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____																																
	1. Name as in bank records 2. Name as in bank records 3. Name as in bank records																																

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/ Corporate or the bank where I have authorized the debit.