

AUTO DEBIT FORM

(FOR EXISTING CREDIT CARDHOLDER)

State Bank Of India

Date: _____

Dear Sir,

I/We hereby instruct you to pay SBICPSL by debit from my/our account number 12345678910 with such amounts as may be requested by SBICPSL from time to time against the payment of my SBI Card Number. 5134 2973 1160 0856

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 auto debit.)

DECLARATION:

I hereby confirm that I shall not dispute any amount so debited by you from my aforementioned bank account, pursuant to the request raised by SBICPSL. I/We shall not revoke or cancel this mandate, without giving prior written notice of not less than 30 days to both, the Bank and SBICPSL.

Primary Cardholder Name: SONY DWIVEDI

Mobile No.: 1234567890

Signature of Cardholder

Sony Humani

DETAILS TO BE VERIFIED BY THE BRANCH

Name of Cardholder: SONY DWIVEDI

Account Number: 12345678910 A. Saving Account B. Current Account

Name of the Branch: CYBER HUB BRANCH - CUSTOMER BRANCH

Address of Branch: GURGAON - CUSTOMER BRANCH ADDRESS

Tel. 1234657821 Email id ABC@GMAIL.COM

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 auto debit.

Specimen Signature Number: _____

Name: _____

Designation: _____

Name of the Branch: _____ Branch Code: _____

Signature of the Authorized Official of the Bank with Bank Seal

AUTHORISED BY BANK AND SIGN