

NACH

National Automated Clearing House

To
Remittance Dept.,
SBI Card & Payment Services Pvt. Ltd.,
DLF Infinity Tower, Tower C, 12th Floor,
Block II, Building no 3, DLF Cyber City,
Gurgaon-122002 (Haryana) India Dear
Sir,

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

I, being a SBI Cardholder, hereby authorize SBI Card & Payment Services Pvt. Ltd. to release payment for the outstanding amount on my SBI Card directly from my Bank account number mentioned herein, 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 & Payment Services Pvt. Ltd 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I further agree that my bank shall be informed for this debit mandate and it cannot be cancelled/withdrawn/suspended except with the written consent of SBI Card & Payment Services Pvt. Ltd.

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

CUSTOMER SIGNATURE

(Signature of SBI Card Holder)

NACH Enrollment Form

(Please fill and mail)

1. Credit Card No:

5 1 3 4 2 9 7 3 1 1 6 0 0 8 5 6

2. Credit Cardholder Name:

S O N Y D W I V E D I

3. Payment Debit Type:

Total Amount Due as mentioned in statement



Minimum Amount Due as mentioned in statement



Bank Account Holder Name:

S O N Y K U M A R I

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

Note: 1. Please allow us 12 working days to activate the NACH on your card account.

2. Fixed Payment option cannot be avail for credit card payment. Kindly do not select Fixed Amount.

3. In case of card upgrade kindly share the fresh NACH mandate form with current details.

| | | | |
|---|---|---|--|
| UMRN | | Date | |
| Sponsor Bank Code | | Utility Code | |
| Tick <input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL | I/We hereby authorize <u>SBI CARD</u> to debit (Tick <input checked="" type="checkbox"/> SB/CA/CC/SB-NRE/SB-NRO/Other | | |
| Bank a/c number <u>12345678912</u> | | | |
| with Bank <u>SBI</u> | | IFSC <u>SBIN0230901</u> or MICR <u>123456789</u> | |
| an amount of Rupees <u>TOTAL LIMIT OF CREDIT CARD</u> | | ₹ | |
| FREQUENCY <input checked="" type="checkbox"/> Mthly <input type="checkbox"/> Qly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input type="checkbox"/> As & when presented | | DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount | |
| Reference 1 <u>5134 2973 1160 0856</u> | | Phone No. <u>1234567890</u> | |
| Reference 2 | | Email ID <u>ABC@GMAIL.COM</u> | |
| I agree for the debit of mandate processing charges by the bank when I am authorizing to debit my account as per latest schedule of charges of the bank. | | | |
| PERIOD From <u>10052019</u> To <u>- - - - -</u> Or <input checked="" type="checkbox"/> Until Cancelled | | | |
| 1. <u>SONY KUMARI</u> 2. <u>SONY KUMARI</u> 3. <u>SONY KUMARI</u> | | | |

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. I agree 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.