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## cîti

DATE

## NACH FORM - CREDIT CARDS

## INSTRUCTIONS TO FILL THE BELOW MANDATE

FORM 1

1. \*In the "amount of Rupees" field, please enter your "current credit limit"

UMRN

- 2. \*In Reference 1, please specify the <u>credit card number.</u>
- 3. Please fill all the fields (all fields on both the forms are mandatory).

TICK(√)	Sponsor Bank Code:	CITI0000004	Utility Code:	CITI00368000023446	
CREATE	I/We hereby authorize Citiban	nk N.A. to debit (tick√)	SB/CA/CC/SB-	NRE/SB-NRO/OTHER	
MODIFY	Bank a/c Number				
With Bank		IFSC	or	MICR	
*an amount of	Rupees			₹	
FREQUENCY	Mthly Qtly H-Yrly	Yrly As & when	presented <b>DEBIT TYP</b>		
*Reference 1			Phone No		
Reference 2			Email ID		
l 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. PERIOD					
from					
To	-   -   -   -   -   -		ature of Account holder		
Or Un	til cancelled 1. Name a	as in bank records 2. Na	me 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/Bank 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.					
DECLARATION AND SIGNATURES					
"I/We having Citibank N.A credit card as mentioned above, hereby express my/our unconditional consent to debit payments of my Credit card dues referred to above through participation in NACH of the National Payments Corporation of India and hereby unconditionally and irrevocably authorise Citibank N.A to raise the debits on such regular payments as referred above, against my/our above mentioned Bank Account.					
I/We hereby declare the N.A responsible. I/We h	at the particulars given above are correct and comple have read all the Card member terms and conditions	te. If the transaction is delayed or not effected	at all for the reasons of incomplet	e or incorrect information, I/we would not hold Citibank ebit services and agree to discharge the responsibility	
expected of me/us as a participant under the scheme.					
Minimum an	nount due for credit card	Total amount due for credit	card	Fixed amount each month (Subject to minimum amount due)	
(Please√as appropriate) (Please√as appropriate) (Note: Please mention amount, if fixed amount is chosen)					
Signature Primary Account holder Signature of Account holder Signature of Account holder				Signature of Account holder	
1Nam	ne as in bank records	2. Name as in bank records	3	Name as in bank records	
FORM 2 NACH FORM - CREDIT CARDS					
	UMRN		DATE DATE	citì°	
TICK(/)	Sponsor Bank Code:	CITI0000004	Utility Code:	CITI00368000023446	
CREATE	I/We hereby authorize Citiban	nk N.A. to debit (tick√)	SB/CA/CC/SB-	NRE/SB-NRO/OTHER	
MODIFY	Bank a/c Number				
With Bank		IFSC	or	MICR	
*an amount of Rupees					
FREQUENCY	Mthly Qtly H-Yrly	Yrly As & when	presented <b>DEBIT TYP</b>	E FIXED Amt MAX Amt	
*Reference 1			Phone No		
Reference 2			Email ID		
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.					
PERIOD ————————————————————————————————————					
To	Signature P	rimary Account holder Sign	ature of Account holder	Signature of Account holder	
Or Un	til cancelled 1. Name a	as in bank records 2. Na	me 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/Bank to debit my account, based on the instructions as agreed and signed by me.					

In a we 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.

PAY

दिनांक / Date

या धारक को OR BEARER

<u>Note:</u> In case of Joint accounts where the mode of operation states that the account should be jointly operated by the account holders, the NACH mandate form too will have to be signed by all the joint holders.