citi

UMRN DATE

TICK(✓) Sponsor Bank Code: Utility Code:

CREATE
MODIFY
CANCEL

I/We hereby authorize to debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c Number

With Bank Name of the Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presented DEBIT TYPE ☐ FIXED Amount ☐ Maximum Amount

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

From

To

Or ☐ Until cancelled

Signature of 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.
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.

VER 11/NACH MAND/FORM/WPC/05-16

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