

## Electronic Clearing Service (Debit Clearing) Mandate Form (Addition/Modification)

Form No. e-5

Please fill-in the information in Capital letters (\*Mandatory Fields)

Appendix - VIII

Form no.

To,  
The Manager \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Branch Name \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. no. \_\_\_\_\_

### Copy to the User Company

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

I (Account Holder Name\*) \_\_\_\_\_ (as per Bank records) hereby authorize you to debit my account for making payment to 'Dhanalakshmi Bank Limited' through ECS (Debit) clearing as per the details given as under.

A. Email Id: \_\_\_\_\_

B. Mobile No: [ | | | | | | | | | | ]

C. 9-digit Code Number Of The Bank & Branch\*: [ | | | | | | | | | ]

(Appearing on the MICR cheque issued by the bank)

D. Account Type\* :  Savings  Current  Cash Credit  NRE / NRO  Others

E. Ledger No / Ledger Folio No.: [ | | | | | | | | | ]

F. Bank Account Number (As per Bank Records)\* [ | | | | | | | | | | | | | | | | ]

G. \*Credit Card Number\*: [ | | | | | | | | | | | | | | | ]

<input type="checkbox"/> Total Amount Due** <small>(mandatory if billing is pay by transaction)</small>	<input type="checkbox"/> Minimum Amount due**	<input type="checkbox"/> Fixed Amount due**	<input type="checkbox"/> Fixed Amount each month** <small>(to be debited monthly)</small>

\*\*ECS will be executed three working days prior to the due date

H. \*Loan No./Others\* : [ | | | | | | | | | | ]

Name of the Scheme	Date of effect		Periodicity (M/BiM/Qty/etc.)	Amount of installment/ Amt of bill with upper limit	Number of installments/ Valid up to (in case of utility bills)
	From	To			

### I. Date of effect:

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

### Declaration (To be filled in case of Credit Card bill payment only)

I, being the cardholder of a Dhanalakshmi Bank card number [ | | | | | | | | | | | | | | | ] hereby express my unconditional consent to debit payment of my credit card due referred to above through participation in the ECS of the National Clearing Cell of the Reserve Bank of India and hereby unconditionally and irrevocably authorize Dhanalakshmi Bank, to raise the debits on such regular payments as referred to above, against my bank account number \_\_\_\_\_ with \_\_\_\_\_ Bank.

I shall advise my bank of the debits and I understand that the instruction cannot be withdrawn/cancelled except with the written consent of The Dhanalakshmi Bank for the payment of the credit card dues.

Signature of the Customer (Account Holder/s)

( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

In case of Joint A/c holders, Signature is required of all A/c holders. Any one Signature required, in case of Either / Survivor A/c.

Date :

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date :

\_\_\_\_\_  
Signature of the Authorized official from the Bank

(Note:- Mandate To Be Obtained In 3 Copies, Original For Bank, One For User Co. And Other For Customer)

For Dhanalakshmi Bank Ltd. Use only (To be filled by Business Team)

Name of the Applicant \_\_\_\_\_

Name of the co-applicant \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

Fresh  Swap In case of Swap previous Mode \_\_\_\_\_

Loan A/C No./Credit card No./ Other A/C No \_\_\_\_\_

For Central Processing Team Use

Received Date \_\_\_\_\_

Received by \_\_\_\_\_

ECS Mandate Ref No \_\_\_\_\_