BANK COPY

Sr. No. AA

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)

The Manager

_____
(Bank Name)

_____
(Branch Name)

_____
(Address)

_____

Copy to the User Company
Name : AXIS BANK LTD.
Address : RAMG, 10th Floor, C Wing
Solaris, Opp L&T Gate No 6, S V Road
Powai, Mumbai 400 072
Telephone No. 022-4075 4110

I, _____ hereby authorize you to debit my account
(Loan Account Customer Name)

for making payment to Axis bank through ECS (Debit) clearing as per the details given as under.

Loan No (15 Digit)

A. Account holder names (As per bank's record):

B. Account Number: (Operative A/C Number)

C. MICR - 9 Digit MICR code number of the bank & branch

D. Account Type (S.B. Account / Current Account or Cash Credit) : _____

E. Ledger No. / Ledger Folio No. : _____

Name of the Scheme	Presentation Cycle	Periodicity	Amount of installment upto	Number of installments
		MONTHLY		

F. Date of effect from : G. End Date :

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.

_____ _____

Date:_____ Signature of the account holders_1. Signature of the account holders_2.

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

(Bank's Stamp)

_____

Date: _____ Signature of the Authorized official from the Bank

CUSTOMER COPY - FILE

Sr. No. AA

AXIS BANK

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)

The Manager

(Bank Name)

(Branch Name)

(Address)

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(Bank's Stamp)

_____

Date: _____ Signature of the Authorized official from the Bank

USER COMPANY COPY

Sr. No. AA

AXIS BANK

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)

The Manager

_____
(Bank Name)

_____
(Branch Name)

_____
(Address)

_____

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