

# Request for Auto Debit Facility



To  
Manager, Credit Card Operations  
Axis Bank Ltd.

Date:

Dear Sir,

I wish to avail the Auto Debit facility from my Axis Bank Savings/Current account towards my Credit Card outstandings for the following amount:

100% of the Due Amount

Minimum Amount Due

Please mention the 15 digit Axis Bank Account Number:

Name:

Axis Bank Card Number:

Signature of the Applicant

## Terms & Conditions

1. I agree and understand that my Bank Account will be debited, for the amount mentioned above, on the Payment Due Date of my Credit Card Account as indicated in the Monthly Credit Cards Statement and in the event of my account not having sufficient funds, I would be liable to pay additional charges for late payment as indicated in the Credit Card Schedule of Charges.
2. I further agree & understand that my bank shall be informed of these debits and that the instruction cannot be withdrawn / cancelled except with the written consent of Axis Bank Ltd.