

**SMILE WELFARE FOUNDATION**

**Door No. 4, Vivekananda Street, Annai Indra Nagar, Chennai - 600042**

**Authorization of the customer to make donations to SMILE WELFARE FOUNDATION through Electronic Clearing Scheme**

I hereby authorize SMILE WELFARE FOUNDATION / their authorized service provider to debit my / our bank account by ECS debit clearing for collection of donations.

1. SMILE WELFARE FOUNDATION Donor No.
2. Donor Name  
Address for Communication  
E- Mail Id Mobile No
3. Donation Start Date End Date (MMM-YYYY)Format
4. Amount to be Deducted Monthly Quarterly Half yearly Annually
5. Amount (in figures) Rs. (in words) Rupees  
(Note: Rs.10/- per Transaction will be deducted from your account as service charges.)
6. Particulars of Customer's Bank Account:
  - Bank Name
  - Branch Name
  - 9 digit MICR Code
  - Type of Account Saving (SB) Current (CA) Cash Credit (CC)
  - Account No. (As appearing on the cheque)
  - Name of the Account holder

(Note: Please attach a Cancelled Cheque of the above-mentioned account)

I hereby declare that the particulars 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.

Details verified & as per Bank records.

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Signatures of the customer as in the Bank records	Bank Stamp	Authorized Signatory of the Bank
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To  
The Branch Manager

Dear Sir / Madam,  
Sub: ECS Mandate Intimation for Monthly Quarterly Half yearly Annual Donations  
Bank Account Number:

This is to inform you that I have registered myself with SMILE WELFARE FOUNDATION /their authorized service provider for collection of Monthly / Quarterly / Half yearly / Annual Donations. Such payments shall be made from my or our above mentioned account maintained with your bank and shall be routed through RBI's Electronic Clearing Service (Debit Clearing) cycle. I hereby authorize you to honor such payments.

Thanking You,  
Yours Sincerely

(Signature of Account holder)	(Signature of Joint Account holder)
Name:	Name:

## Column-wise Guidelines for filling up the form

Please fill the form in Capital letters only (except email ID).

1. Refers to the unique Smile ID allotted. Please leave this field blank.
2. Please fill-in your personal details.
3. Start and End dates refer to the period during which you want the ECS to remain active.  
Ex: If you have mentioned the **donation start date**: Sep 2005 **End date**: Oct 2015, the amount will be transferred from your account to Smile on **5<sup>th</sup> of every month** in the specified period.
4. Refers whether auto debit be made Monthly, Quarterly, Half-yearly or Annually.
5. The amount which you decide to donate to Smile.
6. Provide your bank details from which Smile can automatically debit money on behalf of you.

- Your cheque leaf has the 9-digit **MICR** code at its bottom  
Provide the Bank, Branch and City name in the address to Branch Manager Section

Leave the bank stamp and authorized signatory of the bank sections empty.

If the account details provided is a joint account, please get joint account holders' signature at the space provided at the bottom of the form.

## Enclosures

A cancelled cheque (a striked out cheque) so as to ensure authenticity of the bank details provided.

## Note

All ECS transactions towards smile are carried out by **5th of the Month**.

In case you are using Adobe Reader 6.0+, fill-in the fields (online) of the document and then take a print out.

