DEBIT MANDATE FORM NACH / ECS / DIRECT DEBIT

UMRN : Date

Tick (✓)

CREATE
MODIFY
CANCEL

Sponsor Bank Code : ICIC0TREA00 Utility Code ICIC00261000001992

I/We hereby authorize : SMILE WELFARE FOUNDATION to debit (tick ✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

Bank a/c number :

with 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/We agree for the debit of mandate processing charges by the bank whom I am/we are authorizing to debit my/our 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 Record 2. Name as in Bank Record 3. Name as in Bank Record

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am/We are authorizing the user entity / corporate to debit my/our account. Based on the instruction as agreed and signed by me.
- I/We have understood that I am/we are authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I/We have authorized the debit.

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