

Tel No. (Res) _

To:			
The Bank Manag	ger.		
Bank Name			
Branch Name			
Address 01			
Address 02			
Address 03			
City			
Pincode			
		letter for verification of account d mission of ECS Mandate Form	etails
Sir,			
	authorize bearer of this letter to valida urnished to HDFC Bank Limited regard		nt Holder, Account No., Account type,
	thorize the bank to debit my Bank Acco on if any applicable.	ount No	towards charges for ECS
Thanking you,			
Yours truly,			
(Signature of A	ccount Holder (s)		
Name of Accour	nt Holder :		
Address :			
Address 01			
Address 02			
Address 03			
City			
Pincode			
Landmark			

_____ (Off) _____



	_													
USER CODE :	Benef. Ref. No :	0	0	0	0	0								
	 (for internal hank use)													

MANDATE FORM

ELECTRO	ONIC CLE	ARING SE	RVICE (DE	BIT CLE	ARING)								
The Manager													
(Bank Name)				Сору	to the Use	r Company							
(Branch Name)				Name :	HDFC BANK LIMITED								
(Address)				Address :	(Retail Asset Operations) 26-A, Narayan Properties, off Saki Vihar Road, Chandivali,								
Telephone No					Andheri (E), Mumbai -400 0								
I hereby authorize you to debit my a the details given as under :	ccount for mak	ing payment to	HDFC BANK LI	MITED throu	ugh ECS (De	ebit) clearing as per							
A. Name of the Account holde	er :	(2	as appearing in the	Bank Statem	ent)								
	(as appearing in the Bank Statement) 9-DIGIT CODE NUMBER OF THE BANK & BRANCH : (Appearing on the MICR cheque issued by the bank)												
C. ACCOUNT TYPE (S.B. Account/Current Account)	ACCOUNT TYPE (S.B. Account/Current Account or Cash Credit)												
D. ACCOUNT NUMBER													
(Please attach the photocopy of a accuracy of the MICR Code, Trans				ed by your b	ank for ver	ifying the							
Name of the Scheme				I	ount of	Number of							
(PRODUCT)	Date o	of effect	Periodicity (M/Bim/Qly/et	c.) Amt o	allment/ f bill with	installments / Valid up to (in case of							
	From	То		upp	er limit	utility bills)							
E. Date of effect :			•										
I hereby declare that the Bank Accou at all for reasons of incomplete or in invitation letter and agree to discharg	ncorrect inform	ation, I would r	not hold the user	institution re	esponsible.								
Date :-				(Signat	ture of the C	ustomer.							
·						os, partnerships etc.) ated our records.							

Signature of the Authorized Official from the Bank



	_													
USER CODE :	Benef. Ref. No :	0	0	0	0	0								
	 (for internal hank use)													

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Signature of the Authorized Official from the Bank

USER CODE :	Benef. Ref. No :	0	0	0	0	0								
HDFC Bank Limited,	_							(f	for inte	rnal ba	ank u	se)	·	
Sub: Alternative mode of repayment of Loan through the "Electronic Clearance Service (Debit Clearing)" offered by the Reserve Bank of India														
Dear Sir/Madam,														
l/We, am/are beneficiary of the loan facility (hereinafter referred to as "Loan Facility") from you in terms of Composite Agreement for Auto/PL/Consumer loan and Guarantee dated(hereinafter referred to as "Agreement") and my/our Loan Account number is														
Besides the mode of payment of instalments through Repayment Cheques (RPCs), I/We consent to avail of the Electronic Clearance Service (Debit Clearing) (hereinafter referred to as "ECS") offered by Reserve Bank of India vide its National Clearing System as an alternate mode of payment of installments under the Agreement for repayment of the Loan facility.												nic ing		
I/We therefore unconditionally instruct/author maximum of Rs/- (Ruperthrough the ECS for payment of the	ise the Bank to raise desnumber of i	ebits nstal	on n	ny/oı ıts ur	ur ba	nk a	ccou gree	int r	egula nt.	rly ev	ery	mont	h upto on	o a nly)
The particulars of my/our bank account are det														
Name(s) of the Account Holder														
Name of the Bank (Branch)														
Address of the Branch														
* Cancelled cheque Number (attached to ECS Mandate)														
9 digit MICR code number of the bank and bran	ch appearing on the MIC	CR ch	neque	e issı	ued b	y the	ban	k:						
(Please enclose a photocopy of a blank cancell	ed cheque issued by yo	urba	nk fo	rver	ifying	the a	accu	ıracy	y of the	e cod	e nui	mber).	
Account number :(as	s appearing on the cheq	ue bo	ook m	axin	num [·]	15 dig	gits).							
Account Type :(i.e	e Savings/Current/CC ad	ccoui	nt)											
Date of Effect: From	To							Peri	odicity	/ : Mc	nthly	//Bi-	Month	nly
I/We have enclosed no for payment of installments.	umber of RPCs as is req	uired	d as p	er th	ne po	licy c	of the	Ва	nk an	d und	ler th	ne Ag	reeme	∍nt
The Bank shall, however, have an absolute dispayment of installments due from me/us. In the shall not present the RPCs for payment of the v	event where the payme	e RP0 ent of	Cs fo insta	r enc allme	ashr ent is	nent made	in m e thr	y/ou ougl	ır resp h the ı	ectiv usage	e dra e of E	awee ECS, t	bank he Ba	for ink
That notwithstanding anything contained in thi ECS and demand the furnishing of RPCs for immediately upon demand being made by the B	or payment of balance	insta	allme	nts.	I/We	und	lerta	ke t	me he to furi	ereaft nish/p	er di provi	scont de th	inue t e RP	he Cs
I/We have given/agree to give standing instru Bank. I/We enclose a copy of the same as Attac		afore	men	tione	ed to	acce	pt d	ebits	s as a	nd w	hen	raise	d by t	he
This letter shall form part and parcel of the Agre	ement as Schedule													
Sincerely yours,														
(Signature of Account Holder(s))														

Date: Place: C456/V10.0/14.12.10/P0330