

Direct Debit / ECS (Debit Clearing) Mandate Form

To,
The Branch Manager,

Bank Name	Branch Name	City	Pincode
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I hereby authorize you to debit my account for making payment to Bajaj Finance Ltd. through Direct Debit / ECS (Debit clearing) as per the details given as under.

Account Number	
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Account Number should match with the cancelled cheque

MICR Code	A/C Type
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MICR Code should match with the cancelled cheque

Tick as per cancelled cheque

Account Holder Name	
Joint Account Holder Name	

Account Holder Name(s) should match with the cancelled cheque

Contact Number	
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EMI Details			
Date of Effect	dd	mm	yyyy
Valid Upto	dd	mm	yyyy
Periodicity	Monthly		
Instalment with Upper Limit	₹		

Account Holder
Joint-account Holder
Signature of Account Holder as per bank records (and joint Account holder if applicable)

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.

Account Holder	Joint-account Holder
Signature of Account Holder as per bank records	Signature of Joint Account Holder (if any) as per bank records

----- FOR BANK USE ONLY -----

Certified that Bank Account details like Account Number, MICR Code, A/C Type, and Account Holder Name, are correct as per our records.

Bank Stamp & Date

Authorized Bank Official's Signature

Loan Account No (filled by BFL)	
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