SDC Bank
The Sahebrao Deshmukh Co-Op. Bank Ltd.

DATE:-_____/_____/_____

To,
THE MANAGER
THE SAHEBRAO DESHMUKH CO.-OP. BANK LTD.
_____ BRANCH

RTGS/NEFT TRANSACTION REQUEST FORM

Please select one: ☐ RTGS ☐ NEFT

We hereby request you to kindly make the transfer as per the details given below (Pl write in block letters)

AMOUNT TO BE REMITTED (RS. IN FIGURES)	
ADD: BANK CHARGES	
TOTAL AMT. (IN FIGURES)	
TOTAL AMT. (IN WORDS)	

Beneficiary details

BENEFICIARY NAME	
BENEFICIARY CREDIT ACCOUNT NO.	
BENEFICIARY E-MAIL ID. (IF ANY)	

BENEFICIARY BANK NAME	
BRANCH NAME	
BENEFICIARY BANK IFSC CODE (MANDATORY 11 CHARACTER FIELD)	

APPLICATION (REMITTER) DETAILS

Account title / name	
BRANCH NAME	
DETAILS/PURPOSE OF PAYMENTS	
CUSTOMER ACCOUNT NO.	
CUSTOMER CONTACT NO.	

PLEASE TICK ( ) WHEREVER APPLICABLE

	I / WE AM / ARE AWARE OF THE RTGS / NEFT SYSTEM LAUNCHED BY THE RESERVE BANK OF INDIA
	I / WE HAVE READ AND UNDERSTOOD THE CONDITIONS PRINTED OVERLEAF AND AGREE TO BE BOUND BY THE SAME.
	KINDLY DEBIT THE AMOUNT OF RS._____ TO ABOVE ACCOUNT.
	I/WE HEREBY CERTIFY THAT THIS IS A GENUINE TRADE TRANSACTION AND PROPER PROOF IS ON RECORD.

STAMP AND SIGNATURE (S) OF AUTHORISED SIGNATORY

FOR BANK USE ONLY

Amount of Rs._____ debited to

A/C No. ☐

Amount credited
To neft/rtgs Rs._____
To commission Rs._____

To Service Tax Rs._____
To Education cess Rs._____

SIGNATURE VERIFIED MR. / MRS. / MISS. _____	_____ SIGNATURE OF STAFF
ENTRY AUTHORISED BY MR./MRS./MISS_____	_____ SIGNATURE OF STAFF