



We understand your world

To :

**The Bank Manager.**

**Bank Name** \_\_\_\_\_

**Branch Name** \_\_\_\_\_

**Address 01** \_\_\_\_\_

**Address 02** \_\_\_\_\_

**Address 03** \_\_\_\_\_

**City** \_\_\_\_\_

**Pincode** \_\_\_\_\_

**Sub : Authorization letter for verification of account details  
towards submission of ECS mandate form**

Sir,

I / We hereby authorize bearer of this letter to validate the credentials ( Name of Account Holder, Account No., Account type, Signature etc., ) furnished to HDFC Bank regarding my/our account in your branch.

I / We hereby authorize the bank to debit my account towards charges for ECS mandate verification if any applicable.

Thanking you,

Yours truly,

\_\_\_\_\_  
( Signature of Account Holder (s) )

**Name of Account Holder :** \_\_\_\_\_

**Address :**

**Address 01** \_\_\_\_\_

**Address 02** \_\_\_\_\_

**Address 03** \_\_\_\_\_

**City** \_\_\_\_\_

**Pincode** \_\_\_\_\_

**Landmark** \_\_\_\_\_

**Tel No. (Res)** \_\_\_\_\_ **(Off)** \_\_\_\_\_

UTILITY / USER CODE :

LOS. AGR. No :

(for internal bank use )

**MANDATE FORM**  
**ELECTRONIC CLEARING SERVICE (DEBIT CLEARING )**

The Manager

(Bank Name) .....

(Branch Name) .....

(Address) .....

.....

Telephone No .....

**Copy to the User Company**

Name : HDFC BANK LIMITED  
(Retail Asset Operations)  
Address : 26-A, Narayan Properties,  
off Saki Vihar Road, Chandivali,  
Andheri (E), Mumbai -400 072.

I hereby authorize you to debit my account for making payment to HDFC BANK LIMITED through ECS (Debit) clearing as per the details given as under :

A. Name of the Account holder : \_\_\_\_\_  
(as appearing in the Bank Statement)

B. 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 or Cash Credit) \_\_\_\_\_

D. LEDGER NO / LEDGER FOLIO NO. \_\_\_\_\_

E. ACCOUNT NUMBER

***(Please attach the photocopy of a cheque or a blank cancelled cheque issued by your bank for verifying the accuracy of the MICR Code, Transaction Code, A/C No and Signature.)***

Name of the Scheme (PRODUCT)	Date of effect		Periodicity (M/Bim/Qly/etc.)	Amount of installment/ Amt of bill with upper limit	Number of installments / Valid up to (in case of utility bills)
	From	To			

F. Date of effect :

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.

.....  
Signature of the Customer.

Date :- \_\_\_\_\_

***\*Please affix a rubber stamp in case of companies, proprietorships, partnerships etc.,***

Certified that the particulars furnished above are correct as per our records & we have updated our records.

(Bank's Stamp)  
.....

Signature of the Authorized  
Official from the Bank

(Note :- Mandate to be obtained in 3 Copies, Original for Bank, One for User Co and other for customer)

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UTILITY / USER CODE : \_\_\_\_\_ LOS. AGR. No :

HDFC Bank Ltd.,

Sub : Alternative mode of repayment of Loan through the " Electronic Clearance Service (Debit Clearing) " offered by the Reserve Bank of India

Dear Sir/Madam,

I/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.

I/We therefore unconditionally instruct/authorise the Bank to raise debits on my/our bank account regularly every month upto a maximum of Rs. \_\_\_\_\_/- (Rupees \_\_\_\_\_ only) through the ECS for payment of the \_\_\_\_\_ number of installments under the Agreement.

The particulars of my/our bank account are detailed as under :

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 branch appearing on the MICR cheque issued by the bank :

(Please enclose a photocopy of a blank cancelled cheque issued by your bank for verifying the accuracy of the code number).

Account number : \_\_\_\_\_ (as appearing on the cheque book maximum 15 digits).

Account Type : \_\_\_\_\_ (i.e Savings/Current/CC account)

Ledger Folio Number : \_\_\_\_\_ (if appearing on the cheque book)

Date of Effect : From \_\_\_\_\_ To \_\_\_\_\_ Periodicity : Monthly / Bi- Monthly

I/We have enclosed \_\_\_\_\_ number of RPCs as is required as per the policy of the Bank and under the Agreement for payment of installments.

The Bank shall, however, have an absolute discretion in presenting the RPCs for encashment in my/our respective drawee bank for payment of installments due from me/us. In the event where the payment of installment is made through the usage of ECS, the Bank shall not present the RPCs for payment of the very same installment.

That notwithstanding anything contained in this letter, the Bank may in its absolute discretion at any time hereafter discontinue the ECS and demand the furnishing of RPCs for payment of balance installments. I/We undertake to furnish/provide the RPCs immediately upon demand being made by the Bank, without any protest/contest/demur whatsoever.

I/We have given/agree to give standing instructions to my/our bank aforementioned to accept debits as and when raised by the Bank. I/We enclose a copy of the same as Attachment to this letter.

This letter shall form part and parcel of the Agreement as Schedule \_\_\_\_\_.

Sincerely yours,

\_\_\_\_\_  
(Signature of Account Holder(s))

Date :

Place: