

**Electronic Clearing Service (Credit Clearing)
Model Mandate Form**

(Option to Receive Payments through Credit Clearing Mechanism)

1. Authority holding the account :
(Please mention name of the account/account holder with bank
i.e. Registrar/Fin Officer/Director/Principal/Chairman etc.)
2. Particulars of Bank Account :
 - A. Bank Name :
 - B. Branch Name :
 - Address :
 - Telephone :
 - C. 9-Digit Code Number of
The Bank & Branch :
(Appearing on the MICR Cheque
Issued by the bank)
 - D. Account Type :
(S.B. Account/Current Account or
Cash Credit with Code 10/11/13)
 - E. Ledger No./Ledger Folio No. :
 - F. Account Number :
(As appearing on the Cheque Book)
 - G. IFSC Code No. of the Bank :

(In lieu of the bank certificate to be obtained as under, please attaché a **blank cancelled Cheque** or **photocopy** of a Cheque or front page of your savings bank passbook issued by your bank for verification of the above particulars).

3. 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 responsibility expected of me as a participant under the Scheme.

Date: _____
Signature of the Authority with office seal

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp) _____
Signature of the Authorized
Official from the Bank.

Enclose a copy of Cheque along with form