

AUTO DEBIT MANDATE FORM

To,
IndusInd Bank Ltd.
Customer Care-Credit Cards P.O. Box No. 9421,
Chakala MIDC, Andheri (East) Mumbai - 400093

I authorise IndusInd Bank to debit my IndusInd Bank Account No.:

held at Branch in City every month for

Minimum Amount Due

OR

% of Total Amount Due (Pls. specify)

Name on Card: First Name Middle Name Last Name

Primary Card Number:

I hereby express my unconditional consent to debit payment of my monthly IndusInd Bank Credit Card dues to my Bank Account Number as given above. I hereby declare that the particulars given above are correct and complete, and if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold IndusInd Bank responsible.

Date:

Signature of Cardholder

*Please ensure that your signature is the same as the specimen signature with the Bank. Please note that Auto-Debit facility will only be effected where the Bank Account has a "Single" or "Either/Anyone or Survivor" mode of operation.