

**NACH/ECS/AUTO DEBIT
MANDATE INSTRUCTION FORM**

UMRN

Date

Utility Code



Create



Modify



Cancel

Sponsor Bank Code

I/We hereby authorize

ICCL

to debit (tick✓)

SB/CA/CC/SB-NRE/SB-NRO/Other

Bank a/c number

with Bank

IFSC/MICR

an amount of Rupees

₹

DEBIT TYPE



Fixed Amount



Maximum Amount

FREQUENCY



Monthly



Quarterly



Half Yearly



Yearly



As & when presented

Reference 1

Reference 2

1) I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2) This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. 3) I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

From

Maximum period of validity of this mandate is 40 years only

To

Maximum period of validity of this
mandate is 40 years only

Phone No.:

1.

2.

3.