

PLEASE FILL IN BLOCK LETTERS ONLY

UMRN

Tick(✓) Sponsor Bank Code Utility Code

I/We hereby authorize **INDUSIND BANK** to debit (tick ✓)

Bank A/c number:

with Bank IFSC or MICR

an amount of Rupees FOR BANK USE ONLY ₹ FOR BANK USE ONLY

FREQUENCY Mthly Qty H-Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Phone No.

OR Reference 2 Email ID

I agree for the debit mandate processing charges by the bank for whom I am authorizing to debit my account as per latest schedule of charges of the bank

PERIOD
 From
 To Signature of 1st Account Holder _____ Signature of 2nd Account Holder _____ Signature of 3rd Account Holder _____
 Or Until Cancelled 1. 2. 3.

- 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.
 - I have understood that I am authorized 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.

- Please sign as per signatures in your Bank Records. All joint account holders are required to sign the NACH mandate.
- Please enclose a photocopy of a blank cancelled cheque issued by your Bank for verifying the accuracy of the MICR code.
- IndusInd Bank will notify you on the setup of NACH Mandate facility on your Credit Card account. In the interim, we request you to make payment towards your Credit Card outstanding by alternative modes.
- This option will carry forward on renewal/ reissue/ swapping/ upgrade of your Credit Card.
- Please send the completely filled and duly signed NACH Mandate Form along with a blank cancelled cheque to the following address: IndusInd Bank Ltd. (Credit Card Division), P.O. Box No. 9421, Chakala MIDC, Andheri (East), Mumbai – 400 093

DECLARATION

I hereby express my unconditional consent to debit payment of my credit card dues, referred to above through participation in the NACH of the NPCI of the Reserve Bank of India and hereby unconditionally and irrevocably authorize IndusInd Bank, to raise the debits on such regular payments as referred to above, against 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.
 I agree and understand that my bank shall be informed of these debits as per enclosed letter. I shall advise them of the same and I understand that the instruction cannot be withdrawn/ cancelled except with the written consent of IndusInd Bank for the payment of the credit card dues. I understand that my bank account will be debited 3 working days prior to the payment due date. I will ensure availability of funds in my bank account. Verification Charges if levied will be borne by me.

Minimum Amount Due for Credit Card	Tick	Total Amount Due for Credit Card	Tick	% of Total Amount Due for Credit Card	%
PRIMARY CREDIT CARD HOLDER SIGNATURE					

PLEASE FILL IN BLOCK LETTERS ONLY

UMRN

Tick(✓) Sponsor Bank Code Utility Code

I/We hereby authorize **INDUSIND BANK** to debit (tick ✓)

Bank A/c number:

with Bank IFSC or MICR

an amount of Rupees FOR BANK USE ONLY ₹ FOR BANK USE ONLY

FREQUENCY Mthly Qty H-Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Phone No.

OR Reference 2 Email ID

I agree for the debit mandate processing charges by the bank for whom I am authorizing to debit my account as per latest schedule of charges of the bank

PERIOD
 From
 To Signature of 1st Account Holder _____ Signature of 2nd Account Holder _____ Signature of 3rd Account Holder _____
 Or Until Cancelled 1. 2. 3.

- 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.
 - I have understood that I am authorized 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.

NACH MANDATE INSTRUCTION FORM