## **ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)**

I ne Manager								Copy to the User Company									
(Bank Name):							Name										
(Branch Name):							Address										
(Address):							Telephone No										
Telephone No:  I hereby authorize you to debit my account for n							·										
-	•		-						erit to	υ							
Through ECS (D	ebil) ciea	nng as pe	er trie	uetai	is giv	en as	s una	er.									
A. MICR - 9 Digit	code num	ber of the	bank 8	& brar	nch (A	ppear	ring or	n the M	IICR (	chequ	ıe issı	ued by	the b	ank):			
B. Account Type	(S.B. Acc	count/Cur	rent A	Accou	ınt or	Cash	n Cred	dit): _					<u>.</u>				
C. Ledger No. / I	Ledger Fo	olio No.						:				· · · · · · · · · · · · · · · · · · ·					
D. Account Num	ber:																
E. Account holde	er names	(As per b	ank's	recoi	rd):												
Name of the Scheme		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)							
F. Date of e	ffect:				I .												
I hereby declare or not effected institution respon expected of me	at all for nsible. I h	reasons ave read	of in	compoption	lete invit	or incation	correc	ct info	rmat agree	ion, e to c	l wou lischa	ıld no	t hold he res	d the	use		
Date								S	Signature of the account holders.								
Certified that the	particula	rs furnish	ed ab	ove a	are co	rrect	as pe	er our	reco	rds.							
(Pank's Ctame)																	
(Bank's Stamp)								-						۳ دtt:	اماد		
Date									Signature of the Authorized official From the Bank								