ELECTRONIC CLEARING SERVICE (DEBIT CLEARING) MANDATE FORM

TO BE SUBMITTED IN TRIPLICATE

(Please complete in Capital letters)

The Manager:

(Bank Name) _____

(Branch Name) _____

(Address) _____

Telephone No. _____

I, _____ (Account Holder's name) hereby authorize you to debit my account for making payment to 'Syndicate Bank' through ECS (Debit) clearing as per the details given as under:

A. 9 DIGIT CODE NUMBER OF THE BANK & BRANCH:
(Appearing on the MICR cheque issued by the Bank)

B. ACCOUNT TYPE (Please tick √): S. B. Account ☐ Current Account ☐ Cash Credit ☐

C. ACCOUNT NUMBER :

(Please enclose photocopy of a blank cancelled cheque issued by your Bank for verification)

D. NAME OF THE SCHEME & DATE OF EFFECT

Name of the Scheme	**Effective from** (Month & Year)	**Periodicity**	**Payment Option** (Total Payment Due or Minimum Payment Due)
SyndicateBank Global Credit Card		Monthly	

(Please specify the Billing Statement month and your Payment Option i.e. Total Payment Due or Minimum Payment Due amount to be debited through ECS every month)

E. CREDIT CARD NUMBER :

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 the responsibility expected of me as a participant under the scheme. Verification charges if any may be charged to my account.

Date: _____ Signature of the Account Holder

REMARKS BY THE ACCOUNT HOLDER'S BANK

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

(Bank's Stamp)
Date: _____

_____
Signature of the Authorised official from the Bank

FOR USE AT SYNDICATE BANK: CARD CENTRE: BANGALORE

Name of the Applicant _____

Bank Name _____

Branch Name _____

Credit Card Number _____

Application Number _____