

BAJAJ FINANCE LTD.
4th Floor, Bajaj Finserv Corporate Office,
Off Pune-Ahmednagar Road, Viman Nagar,
Pune – 411 014 (Maharashtra)
Tel No. 020 -30405060 / 30405261 / 30405221

DIRECT DEBIT /ECS (DEBIT CLEARING) MANDATE FORM

The Manager

Bank Name : _____

Branch Address : _____

Branch City : _____

Pin Code :

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(Please write the address of the bank's branch as per the cancelled cheque attached.)

I hereby authorize you to debit my account for making payment to **BAJAJ FINANCE LIMITED** through Direct Debit / ECS (Debit clearing) as per the details given as under

A. 9 DIGIT MICR CODE NUMBER OF THE BANK BRANCH :

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(Please write MICR Code of 9 digit number appearing after cheque number in cancelled Cheque. Confirm MICR code with your banker. MICR Code starting and / or ending with 000 are not valid for ECS)

B. ACCOUNT TYPE : _____
(Savings Account/ Current Account / Cash Credit)
(10) (11) (13)

C. LEDGER NO. / LEDGER FOLIO NO. : _____

D. ACCOUNT NO. (If Bank A/c No. is changed due to core banking confirm with the Bank & write correct A/c. The A/c no written here should match with cancelled cheque attached)

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Name of Scheme	Date of Effect (DD/MM/YYYY)	Periodicity (M/BiM/Qly/etc.)	Amount of Installment with Upper Limit	Valid up to (DD/MM/YYYY)

E. DATE OF EFFECT (DD/MM/YYYY) : _____

F. NAME OF ACCOUNT HOLDER AS IN BANK RECORDS : _____

NAME OF THE JOINT ACCOUNT HOLDER (IF ANY) : _____

NAME OF THE BORROWER : _____

CONTACT NUMBER OF THE ACCOUNT HOLDER : _____

(Mobile Number / Residential Telephone Number)

EMAIL ID OF THE ACCOUNT HOLDER : _____

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.

Date: _____

Signature of Account Holder

Signature of Joint Account Holder (if any)

(Signature should match with the signature in Bank Records)

Certified that the bank A/c details like A/c Number, A/c Holder Name, A/c Type and MICR code are correct as per our records.

(Bank's Stamp)

Date: _____

Signature of the Authorized official from the Bank

Loan Account Number: (to be filled by BFL)

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(Mandate to be obtained in 2 copies from customer)