

# ELECTRONIC CLEARING SERVICE (Debit Clearing) MANDATE FORM

Authorization of Customer to remit funds / payments to Standard Chartered Bank (SCB) through Electronic Clearing Service

I/We hereby, authorize SCB and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing)

SCB Utility Code - 6009068 (All Regions except Surat, Bhopal, Baroda, Indore & Lucknow)

SCB Utility Code	Surat 3951054	Bhopal 4629011	Baroda 3909101
	Indore 4529010	Lucknow 2269013	

(Form to be filled up in capital letters only)

CUSTOMER'S NAME	
Applicant Name	
Co-Applicant Name	

PARTICULARS OF BANK ACCOUNT																	
Account holder/s Name as in Bank Account (All Account holders)																	
Bank Name																	
Branch Name																	
Bank City																	
Account Number																	
Account Type	Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> Overdraft <input type="checkbox"/>																
9 Digit MICR Codes	ECS w.e.f. <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										

PARTICULARS OF DEBIT INSTRUCTION																	
DEBIT REFERENCE NO. (loan, cell, phone, policy no. etc)																	
BANK / UTILITY NAME																	
UPPER LIMIT FOR ECS DEBIT (IN INR)																	
EXPIRY DATE	<table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr></table>									D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										

DECLARATION AND SIGNATURE/S	
I/We hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We have read all the terms and conditions as are applicable for availing of this ECS Debit service and agree to discharge the responsibility expected of me/us as a participant under the scheme. I/We also hereby authorize our representative carrying this ECS Debit Mandate Form to get it verified and executed by my/our Bank.	
First Account Holder	Second Account Holder
Third Account Holder	Fourth Account Holder
All Signatures as in the Bank Records. All Joint Account holders are required to sign.	

For user by Customer / Account Holder's Bank	
We hereby certify that the particulars of the customers furnished above are correct as per our records, and we hereby declare that a copy of this mandate form, duly complete and signed, has been submitted to us.	
Bank Stamp	Signature of Authorised Official of the Bank
Name	Branch
Designation	Date

ID NO. \_\_\_\_\_

ACCOUNT TITLE \_\_\_\_\_

CONTACT TEL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCOUNT NO.:

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(Please turnover to sign)

# Electronic Debit Authorisation to Bank Account

(To be filled in by Borrower if repayment is through ECS)

To,  
The Manager Operations,  
Centralised Loan Processing Unit (CLPU)  
Standard Chartered Bank,  
58, Armenian Street,  
Chennai - 600 001

Dear Sir,

RE: Authorisation to pay loan amount vide equated monthly installments ("EMI") to CLPU, Standard Chartered Bank ("Bank") through the Electronic Debit Clearing Mechanism.

Please arrange to incorporate a standing instruction to debit my / our bank account towards payment of my / our loan amount vide EMI and / or any overdue / late charges / cheque bounce charges as per the details given below:

## Loan account number:

Loan account number:

Name:

## Particulars of Bank account

A. Name of Account Holder:

B. Bank Name:

C. Branch Address:

D. Account Number:

I / We, having a Bank loan account, as mentioned above, hereby express my / our unconditional consent to debit payments of my / our loan amount vide EMI and / or any overdue/ late charges / cheque bounce charges referred to above through participation in the Electronic Clearing System ("ECS") of the National Clearing Cell of the Reserve Bank of India and hereby unconditionally and irrevocably authorize the Bank to raise the debits on such regular payments as referred to above, against my / our bank.

Account Number  with  bank.

I / We 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 / We would not hold the Bank responsible. I / We agree and understand that my / our bank shall be informed of these debits as per the enclosed letter. I / We shall advise them of the same and I / We understand that the instruction cannot be withdrawn / cancelled except with the written consent of the Bank, for the payment of the loan amount vide EMI and / or any overdue / late charges / cheque bounce charges.

Signature of Sole / First Account Holder

Name

Signature of Second / Joint Account Holder

Name

(Please Note: To be signed by all account holders as per mandate on the savings / current a/c with your bank)