



Enagic®

E-PAYMENT

Tick [✓]

CREATE ☐

MODIFY ☐

CANCEL ☐

MANDATE INSTRUCTIONS FORM FOR NACH / ECS / DIRECT DEBIT

UMRN

Date

Sponsor Bank Code

Utility Code

I/We hereby authorize

to debit (tick ✓)

Full Bank a/c number

with Bank

IFSC

or MICR

an amount of Rupees

FREQUENCY ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & when presented

DEBIT TYPE ☐ Fixed Amount

☐ Maximum Amount

Reference 1

Phone No.

Reference 2

Email ID

PERIOD

From

To

Or ☐ Until Cancelled

1. _____ 2. _____ 3. _____

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed aor not affected at all for reasons of incomplete or incorrect information. I/We would not hold the Utility/Service provider participating Banks responsible. I/We have read the option invitation letter and agree to discharge the responsibility expected of mails as a participants under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific instruction processing.



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