Form No.E-5 Electronic Clearing Service (Debit)

Mandate Form

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The Manager	Copy to the User Company
(Bank Name)	
(Branch Name)	Name : Tamilnad Mercantile Bank Ltd Address
(Address)	
Telephone No	
	Telephone No.

I hereby authorize you to debit my account for making payment to Tamilnad Mercantile Bank Ltd.

(User Co. Name) through ECS (Debit) clearing as per the details given as under.

A. 9-Digit Code of the Bank & Branch :

(Appearing on the MICR cheque issued by the bank)

B. Account Type :

(SB Account / Current Account or Cash Credit) :

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- C. Ledger No. / Ledger Folio No. :
- D. Account Number (CBS enabled new account numbers only):

RD / SRD / KRD / NMD A/c. No.(15 digits)		Date o	Amount of monthly installment			Number of installments					

E. Date of effect

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 Tamilnad Mercantile Bank Ltd (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 the Customer

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

Bank's Stamp)

DateSignature of the Authorized official of the BankWherein operative a/c. is maintained.

(Note - Mandate to be obtained in 3 copies, Original for Bank, One each for User Co. and customer)