পাশ্চিত ব পা প্রাম্কীন ব্যাস্থ্য     Paschim Ranga Grammin Rank     UMRN	Date
Tick ( ) Sponsor Bank Code UCBA0RRBPBG	Utility Code PASX0002000000947
CREATE // We hereby authorize Paschim Banga Gramin Bank	to debit (tick ) SB/CA/CC/SB-NRE/SB-NRO/OTHE
MODIFY CANCEL Bank A/C Number	
With Bank IFSC	or MICR
an amount of Rupees	
FREQUENCY	DEBIT TYPE  Fixed Amount  Maximum Amount
Reference 1 14 digit Beneficiary A/C No	Ph. / Mob. No.
Reference 2 Beneficiary A/C Name	Email ID
<ul> <li>I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest sch</li> <li>PERIOD</li> </ul>	hadule of charges of the Bank.
From	
To Signature of Primary Account Holder	Signature of Account Holder Signature of Account Holder
Or Until Cancelled 1 Name as in bank records	2 Name as in bank records 3 Name as in bank records
This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User ent     I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amend this mandate by appropriately communicating the cancellation / amend this mandate by appropriately communicating the cancellation / amend this mandate by appropriately communicating the cancellation / amend this mandate by appropriately communicating the cancellation / amend the cancel	
🏈 পশ্চিম বস প্রামীন ব্যাঞ্চ Loof beath flows Pasching Gramm Rank	Date
Sponsor Bank Code LICRAORREPEC	Utility Code PASX000200000947
TICK ( )	
MODIFY Tustiman States States	to debit (tick ) SB/CA/CC/SB-NRE/SB-NRO/OTHE
CANCEL Bank A/C Number	
With Bank IFSC IFSC	or MICR
an amount of Rupees	₹
FREQUENCY	DEBIT TYPE  Fixed Amount  Maximum Amount
Reference 1 14 digit Beneficiary A/C No	Ph. / Mob. No.
Reference 2	Email ID
*I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest sch	
PERIOD	
From Signature of Primary Account Holder	Signature of Account Holder Signature of Account Holder
10	
Or Until Cancelled 1 Name as in bank records  This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User ent	2 Name as in bank records 3 Name as in bank records  8 Style / Corporate to debit my account, based on the instructions as agreed and signed by me.
I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amend the mandate by appropriately communicating the cancellation / amend the mandate by appropriately communicating the cancellation / amend the mandate by appropriately communicating the cancellation / amend the mandate by appropriately communicating the cancellation / amend the mandate by appropriately communicating the cancellation / amend the mandate by appropriately communicating the cancellation / amend the mandate by appropriately communicating the cancellation / amend the mandate by appropriately communicating the cancellation / amend the mandate by appropriately communicating the cancellation / amendate by appropriately communication / amendate by appropriately co	nendment request to the User entity / Corporate or the Bank where I have authorized the det
পশ্চিম বল প্রামীন বয়াঞ্চ (and teach flow) Pasching Bangs Gramin Rank	Date
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	₹
an amount of Rupees	
an amount of Rupees  FREQUENCY	
FREQUENCY	DEBIT TYPE  Fixed Amount  Maximum Amount Ph. / Mob. No.
Reference 1  Output  O	DEBIT TYPE  Fixed Amount  Maximum Amount Ph. / Mob. No.
FREQUENCY	DEBIT TYPE  Fixed Amount  Maximum Amount Ph. / Mob. No.  Email ID
Reference 2  Mthly Qtrly H - Yrly Yrly As and when presented  14 digit Beneficiary A/C No  Beneficiary A/C Name	DEBIT TYPE  Fixed Amount  Maximum Amount Ph. / Mob. No.  Email ID
Reference 1  14 digit Beneficiary A/C No  Reference 2  Beneficiary A/C Name  1 agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest scheme.	DEBIT TYPE  Fixed Amount  Maximum Amount Ph. / Mob. No.
Reference 1  14 digit Beneficiary A/C No  Reference 2  Beneficiary A/C Name  I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest scheme.	DEBIT TYPE  Fixed Amount  Maximum Amount Ph. / Mob. No.

<sup>•</sup> This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me.
• I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the Bank where I have authorized the debit.

- UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length -20Alpha Numeric Characters)
- 2. Date in DD/MM/YYYY format.
- Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary. (Maximum length - 11 Alpha Numeric Characters)
- Utility Code of the Service Provider. (Maximum length 18 Alpha Numeric Characters)
- 5. Name of Service Provider.
- 6. Tick on box to select type of action to be initiated.
- 7. Tick on box to select type of account to be affected.
- Customer's legal account number, left padded with zeroes. (Maximum length-35 Alpha Numeric Characters)
- 9. Name of Bank and Branch.
- IFSC / MICR code of customer bank. (Maximum length 11 Alpha Numeric Characters)

- Amount payable for service or maximum amount per transaction that could be processed, in words.
- Amount in figures, similar to the amount mentioned in words, (Maximum length-13 digit numeric, in paise)
- Reference 1 Service Provider generated consumer reference number / Beneficiary A/c. No.
- Reference 2 : Service provider generated Scheme / Plan reference number / Beneficiary A/c. name.
- 15. Tick on box to select frequency of transaction.
- 16. Validity of mandate with dates in DD/MM/YYYY format.
- 17. Names of customer/s and signatures as well as seal of Company (where required). (Maximum length of Name -40 Alpha Numeric Characters)
- 18. Undertaking by customer.
- 19. Telephone No. with STD code / Mob. no. of customer.
- 20. Mail ID of customer.
- 21. Initiating Branch SOLID

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