



Debit Mandate Form for NACH / ECS / DIRECT DEBIT

POWERED BY BILLDESK

UMRN

For Office Use

Date

DDMMYYYY

(Please Tick ✓)

CREATE ✓
MODIFY
CANCEL

Sponsor Bank Code

For office use only

Utility Code

For office use only

I/We, hereby authorize

MSEDCL

To debit (Please tick)

SB / CA / CC / SB - NRE / SB - NRO / OTHER

Bank a/c number

Bank account number field

with Bank

Name of customers bank

IFSC

IFSC field

or MICR

MICR field

an amount of Rupees

Amount in words

Amount in words field

₹

Amount field

FREQUENCY: Monthly Quarterly Yearly As & when presented

DEBIT TYPE : Fixed Amount Maximum Amount

Reference 1

MSEDCL consumer number

Reference 1 field

Phone No.

Phone No. field

Reference 2

MSEDCL bill unit number

Reference 2 field

Email ID

Email ID field

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

From date field

To

To date field: 31/12/2099

Or

Until cancelled

Signature Primary Account Holder

Signature line

Signature of Account Holder

Signature line

Signature of Account Holder

Signature line

1 Name as in bank records

2 Name as in bank records

3 Name as in bank records

This is to inform that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed & signed by me. I have understood that I authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user/corporate of the bank where I have authorized the debit.

DECLARATION

I/We hereby declare that the particulars given on this mandate are correct and complete. If the transaction is delayed or not effected 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 me/us as a participant/s under the scheme. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing. I/We hereby confirm adherence to terms on this mandate.

This mandate shall be treated as the requisite authorisation by me to the representative carrying this ECS mandate form to get it verified and executed and the bank named in the mandate to debit my bank account with such amount as may be due to be paid to the company.

Pay Before (tick ✓): Prompt Payment Due Date or Bill Due Date