

LAN No.  
(Only for official use)

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**ELECTRONIC CLEARING SERVICE (DEBIT CLEARING) MANDATE FORM**

**Please fill-in the information in Capital letters**

The Manager

(Bank Name) \_\_\_\_\_

(Branch Name) \_\_\_\_\_

(Address) \_\_\_\_\_

Telephone No. \_\_\_\_\_

<b>Copy to the User Company</b>	
Name .....	_____
Address .....	_____
Telephone No. ....	_____

I (\* Account Holder Name) \_\_\_\_\_ (as per Bank records) hereby authorize you to debit my account for making payment to 'ICICI Bank Limited' through ECS (Debit) clearing as per the details given as under.

A. \* 9-DIGIT CODE NUMBER OF THE BANK & BRANCH: \_\_\_\_\_  
(Appearing on the MICR cheque issued by the bank)

B. \* ACCOUNT TYPE : Savings : (10 /31) / Current : (11 /29) / Cash Credit : (13) /NRE /NRO

C. LEDGER NO /LEDGER FOLIO NO. \_\_\_\_\_ :

D. \* ACCOUNT NUMBER (As per Bank Records)  
\_\_\_\_\_

Name of the Scheme	Date of effect	Periodicity (M/BiM/Qly/etc.)	Amount of installment/Amt of bill with upper limit	Number of installments/ Valid up to (in case of utility bills)

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 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.

(.....) (.....) (.....) (.....)  
Signature of the Customer (Account Holder/s) - In case of Joint A/c holders, Signature is required of all A/c holders.

Date :

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

(Bank's Stamp)  
.....

Date : \_\_\_\_\_ Signature of the Authorized official from the Bank

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

**For ICICI BANK LTD Use only (To be filled by Business Team)**

Name of the Applicant \_\_\_\_\_

Name of the co-applicant \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ City \_\_\_\_\_

Application Number \_\_\_\_\_

Fresh \_\_\_\_\_ Swap \_\_\_\_\_ In case of Swap previous mode \_\_\_\_\_

**\* Mandatory Fields**