**ER/RB-03**

**Electronic Clearing Service (Credit Clearing)**

**Model Mandate Form**

(Option to Receive Payments through Credit Clearing Mechanism)

1.

Authority holding the account

:

(**Please mention** name of the account/account holder with bank

i.e. Registrar/Fin Officer/Director/Principal/Chairman etc.)

2.

Particulars of Bank Account

:

A.

B.

Bank Name

Branch Name

Address

Telephone

:

:

:

:

C.

D.

9-Digit Code Number of

The Bank & Branch

(Appearing on the MICR Cheque

Issued by the bank)

:

:

:

:

Account Type

(S.B. Account/Current Account or

Cash Credit with Code 10/11/13)

Ledger No./Ledger Folio No.

Account Number

(As appearing on the Cheque Book)

IFSC Code No. of the Bank

E.

F.

G.

(**In lieu of** the bank certificate to be obtained as under, please attaché a **blank cancelled Cheque** or

**photocopy** of a Cheque or front page of your savings bank passbook issued by your bank for

verification of the above particulars).

3.

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

responsibility expected of me as a participant under the Scheme.

(-------------------------------)

Date:

Signature of the Authority with office seal

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

(Bank's Stamp)

(------------------------------)

Signature of the Authorized

Official from the Bank.

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