

LAN No. _____
 (Only for official use)

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING) MANDATE FORM

Please fill-in the information in Capital letters

The Manager _____
 (Bank Name) _____
 (Branch Name) _____
 (Address) _____
 Telephone No. _____

Copy to the User Company	
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.
 Any one Signature required, In case of Either / Survivor A/c.

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**