
 UMRN

Sponsor Bank Code
☐ CREATE ☐ MODIFY ☐ CANCEL

Utility Code I/We hereby authorize

to debit (tick ✓) Bank A/c number:

with Bank IFSC/MICR

an amount of Rupees ₹

DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount
 FREQUENCY ☐ Mthly ☐ Qty ☐ H-Yrly ☐ As & when presented

Reference 1 Reference 2


1. I agree for the debit mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank 2. This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the ALFASTAR INDIA NIDHI LIMITED to debit my account. I have understood that i am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the ALFASTAR INDIA NIDHI LTD. or the bank where i have authorized the debit.

From

To

Or ☒ Until Cancelled

Phone No. 1. " 2. " 3. "


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