

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING) FORM
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Bank Copy

Client ID :											
Client Name :											
Particulars of Bank Account	<input type="checkbox"/> S.B. <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit										
A/c Holder(s) Name(s)	1.										
	2.										
	3.										
Name of the Bank											
Name of the Branch											
Address											
9-Digit code number of the bank and branch (Appearing on the MICR cheque issued by the bank) (Please attach a photocopy of a cheque or a blank cancelled cheque for verifying the code number)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
IFSC code											
Ledger and Ledger folio number :											
Account number (as appearing on the cheque book)											

I hereby instruct you to debit my account on 25th day of every billing month.

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 ISSL DP responsible, I have read the option invitation letter and agree to discharge the responsibility expected of me as a beneficiary under the scheme.

Signature of the 1st Sole
A/c Holder

Signature of the 2nd
A/c Holder

Signature of the 3rd
A/c Holder

Date: _____

Encl: Cheque leaf

(Mandatory)

TO BE CERTIFIED BY CLIENT'S BANK

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

Bank's Stamp

Date:

Name _____

Signature : _____

(Mandatory)