

DIRECT BANK DEBIT MANDATE FORM
Instruction to your Bank to pay by Direct Debit (ECS)
MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS

Name

Address

Contact No.

1. 2.

PAN Card No.

My Sponsorship

No. of Children ECS: Monthly Quarterly
 Others _____.

I/we hereby apply for enrolment under donation to **ActionAid Association** via ESC/Direct Debit for Rs. _____.
The first deduction from your account through ECS. Start the first debit clearing from date ____/____/____.
End date ____/____/_____.

Particulars of your Bank Account

Bank Name
Branch Name
Bank City
Account No.
9 digit MICR No. (Mandatory)
1st A/C holder's name as in the bank account

I/we hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS (Debit Clearing/Direct Debit). If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/we will also inform **ActionAid Association** about any changes in my/our bank account.

First Account Holder's Signature

Second Account Holder's Signature

Bankers Attestation (For Bank Use Only)

Certified that the signature of the account holder and the details of the bank account and its MICR code are correct as per our records.

Signature of Authorised Bank Official
(Bank Stamp and Date)

Authorisation of the Bank Account Holder (to be signed by the donor). This is to inform that my/our payment towards my/our donation to **ActionAid Association** shall be made from my/our below mentioned bank account with your bank. I/we authorise the representative carrying this ECS Mandate Form to get it verified and executed.

Bank Account Number

First Account Holder's Signature

Second Account Holder's Signature