

Electronic Clearing Service(ECS) To be filled in case of Premium Installment facility

UMRN	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utility Code	<input type="text"/>	<input checked="" type="radio"/> Create <input type="radio"/> Modify <input type="radio"/> Cancel							
Sponsor Bank Code	<input type="text" value="400200002"/>	I/We authorize <input type="text"/>							
To debit (tick✓)	<input type="text" value="SB / CA / CC / SB-NRE / SB-NRO / OTHER"/>	Bank a/c Number <input type="text"/>							
With Bank	<input type="text"/>	IFSC/MICR <input type="text"/>							
an amount of Rupees	<input type="text"/>	₹ <input type="text"/>							
Debit Type	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> As & when presented								
Reference 1	<input type="text"/>	Reference 2 <input type="text"/>							
<p>1. I agree for the debit of 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 & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instruction as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorized the debit.</p>									
From	<input type="text"/>	Maximum period of validity of this mandate is 40 years only							
To	<input type="text"/>								
Phone No.	<input type="text"/>	1. _____ 2. _____ 3. _____							

Instruction to fill mandate

1. UMRN is auto generated during mandate creation and is mandatory to update during amendment and cancellation of mandate (Maximum Length 20 Alpha Numeric Characters)
2. Date is DD/MM/YYYY format
3. Utility code of the service provider. (Maximum length-18 Alpha Numeric characters)
4. Tick on the box to select type of action to be initiated
5. Sponsor Bank IFSC/MICR code, left padded with zeroes where necessary (Maximum length-11 Alpha Numeric characters)
6. Name of Service Provider
7. Tick on the box to select type of account to be affected
8. Customers legal account number (Maximum length-35 Alpha Numeric characters)
9. Name of Bank
10. IFSC/MICR of customer bank (Maximum length-11 Alpha Numeric characters)
11. Amount payable for service or maximum amount per transaction that could be processed in words
12. Amount in figures, same as amount in words. (Maximum length-11 digit Numeric, in paise)
13. Debit Type: Tick on box to select debit amount flexibility
14. Tick on the box to select frequency of transaction.
15. Service Provider generated Reference Number
17. Undertaking by customer
18. Validity of Mandate with dates in DD/MM/YYYY format
19. 10 digit mobile number of customer
20. Name of customer/s and signature/s as well as seal of company (where required). (Maximum length of Name-40 Alpha Numeric chances)