

# MANDATE STOP PAYMENT REQUEST FORM



Please fill in Black Ink and in CAPITAL LETTERS  
All fields marked “ \* ” are MANDATORY

Date        
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## CUSTOMER DETAILS

\*Account Number

\*Customer Name

I/We hereby request and authorize you to kindly mark a Stop Payment permanently for the following Mandate issued by me/our authorized signatory.

\*UMRN

\*Service Provider/Corporate

\*Mandate Amount

\*Reason for Stop Payment

## DECLARATION & SIGNATURE(S)

I/We, the undersigned, have read, understood, and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on website www.idfcfirstbank.com as revised from time to time by IDFC FIRST Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/to be maintained/to be opened with IDFC FIRST Bank Limited.

I/We, further agree and confirm to indemnified IDFC FIRST Bank Limited from any claims, actions, demands etc. by any third party arising on account of IDFC FIRST Bank Limited acting pursuant to the instructions given hereinabove and I/We shall be solely liable and responsible for any liability, in manner whatsoever, which may arise in respect thereof.

Signature as per Account Rule

Signature

Signature

Signature

Name of First Account Holder/  
Authorised Signatory

Name of Second Account Holder/  
Authorised Signatory

Name of Third Account Holder/  
Authorised Signatory

## FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official