DIRECT DEBIT MANDATE FORM



To, The Manager IDFC FIRST Bank Limited,	
Bra	anch
Ref:	
debit clearing as per the details mentioned	ir account for making payment to IDFC FIRST Bank Limited through the direct ed herein under. I/We authorise IDFC FIRST Bank Limited to raise demands RST Bank Limited as referred herein are cleared through the direct debit from
calculated by IDFC FIRST Bank Limited f	rise IDFC FIRST Bank Limited to raise debits for such amounts as may be from time to time. However, the debits of such amount shall not exceed Rs only) per month.
due dates. I also understand that the fa default in repayment of dues and all char non-payment of obligations.	es to cover the Loan Repayment Dues (and charges, if any) on the stipulated ilure to repay my loan amount through this instruction shall be treated as a rges/penalties/levies as covered by the agreement will hold good towards the numerication as an authorization to debit my account every month with the cof my loan.
account opened with the bank to debit the	ng closed/transferred for any reason, I/We will intimate to the Bank the new ne Loan Repayment amounts as per the agreement. Further I/WE undertake at of Mandate and security PDC's for such new account, as per terms of the
•	Bank will have the right to set-off, without prior intimations to me, the available overy of overdue installments and/or charges(if any) in the loan account.
effected for reasons of incomplete or inc debit my/our account towards such charg	erein are correct and complete. If any direct debit transaction is delayed or not correct information, I/we shall not hold you responsible. I/We authorise you to less as may be determined by you for the service of direct debit. Led and their representatives, agents, service providers etc. to get this form the nk.
NAME OF ACCOUNT HOLDER(S)	
ACCOUNT NUMBER	
ACCOUNT TYPE	
LOAN ACCOUNT NUMBER	
DATE OF EFFECT	

Loan Type and Details	Periodicity (Monthly/Quarterly/As & When Presented)	Amount of Upper Limit	Valid Up to	
	As & When Presented		Until Cancelled	
SIGNATURE OF	ACCOUNT HOLDER (1)	SIGNATURE OF	ACCOUNT HOLDER (2)	
Place				
Date D D M M Y Y Y Y D D M M Y Y Y Y				
I/We hereby certify that the particulars and signature(s) furnished above are as per our records.				
Name: Employee ID :				
Date D M M Y	 Y			
	Bank Stamp and Signature of Authorised Official			