

EMPLOYEES' PROVIDENT FUND ORGANISATION

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) MANDATE FROM INVESTOR-CUSTOMER OPTION TO
RECEIVE PAYMENTS THROUGH CREDIT CLEARING MECHANISM
(TO BE SUBMITTED ALONG WITH FORM 19/20/31/10-C)

Member's name (customer's name) : _____

Particulars of Bank A/c.

A. Bank Name : _____

B. Branch Name : _____

C. MICR Code Number : _____

D. Account Type : Saving Bank Account

E. SB A/c. No. : _____

F. IFSC Code : _____

G. NEFT No. : _____

Date of effect : _____

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 the user institution responsible. I have had the option letter and agree to discharge the responsibility expected of me as a participant under the scheme.

X

Date:

Signature of the Member/Customer

CERTIFICATE OF CUSTOMER'S BANK (**)

CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS

BANK STAMP

Date



Signature of the Authorised Official of the Bank and Name

BANK BRANCH CODE NO. _____

(**) Note : Certificate of the customer's Bank is required only if the member is unable to enclose a blank cancelled cheque of his SB A/c.