

ELECTRONIC CLEARING SERVICE (Debit) Clearing / Direct Debit / ACH



Form No. E-5 (BANK COPY)

UI Code: Mandate Reference No:

The Manager

Bank Name:

Branch Name:

Address:

I hereby authorize you to debit my account for making payment to _____ through ECS (Debit) clearing / Direct Debit as per the details given as under.

Mode of Payment (Please tick) ECS Direct Debit Ledger No. / Ledger Folio No.:

MICR Code A/c Type Savings Current Cash Credit

Account Number

Account holder names: 1st:

2nd:

3rd:

Agreement No.	Name of the Scheme	Date of effect	Periodicity	Max Amt of EMI	Last EMI date

I/We 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 read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

This is to inform that I/we have registered for the RBI's Electronic Clearing Service (Debit Clearing)/Direct Debit/Standing instruction and that my payment towards my loan/investment in _____ shall be made from my/our above mentioned bank account with your bank. I/We authorize the representative of _____ carrying this ECS (Debit Clearing/Direct Debit/Standing Instruction) mandate form to get it verified & executed. I/We also authorize the bank to debit my account for charges towards mandate verification and transactions bounced due to "insufficient funds" as applicable.

Signature(s) of the account holder(s). (As per bank's record) _____ Date: _____

1. _____ 2. _____ 3. _____

For Bank Use Only

Certified that the bank account details and signatures of the account holders are correct and as per bank's records.

Stamp & Signature of the Authorized Official of the Bank: _____ Date: _____



Create Modify Cancel



UMRN Date

Sponsor Bank Code Utility Code

I/We hereby authorize _____ Name of Utility/Biller/Bank/Company to Debit SB CA CC SB-NRE SB-NRO Others

Bank A/c Number

with Bank _____ IFSC or MICR

an amount of Rupees _____ ₹

Frequency Mthly Qly H-Yrly Yrly As & when presented Debit Type Fixed Amount Maximum Amount

Reference 1 _____ Phone No. _____

Reference 2 _____ Email ID _____

Period

From

to

or until cancelled

Signature-Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in Bank records

2. Name as in Bank records

3. Name as in Bank records

This is to confirm that the declaration has been carefully read, understood & made by me/us.

Registered Office - L&T House, N.M. Marg, Ballard Estate, Mumbai 400001. Tel. No.: +91-22-67525656 Fax: +91-22-67525893.

*All loans originated and serviced by and at the discretion of L&T Housing Finance Ltd. www.lthousingfinance.com CIN: U45200MH1994PLC259630