

ABILASHRAYAM TRUST (R)

Reg. No 251/08-09

Corp: Office: #373, 2nd cross, Muniswamappa Layout, Opp. Kodigehalli Railway Station, Bengaluru – 560092
Phone: 080-4122 6564 E-mail: info@abilashrayam.com Website: www.abilashrayam.com



ELECTRONIC CLEARING SERVICES (ECS) – MANDATE FORM

I/We the hereby authorize Abilashrayam Trust (R) with ECS user ID 5609233 to debit my/ our bank account by ECS debit clearance for collection of donations

PERSONAL INFORMATION

Name (as in the bank account) _____
Mailing Address _____
City _____ State _____ PIN _____
E-mail _____ PAN No _____
Mobile Number _____ Phone Number _____

BANK ACCOUNT DETAILS

9-digit MICR code (as appearing on the cheque) _____
Account Name (as in the bank account) _____
Account Number _____
Bank Name _____
Branch Name _____
Account Type (Current/Saving) _____
Fixed amount to donate every month is (In Figures) _____ (In Words) _____
Start Date: _____ End Date: _____
Fixed date to pay every month is (Please tick any one of the dates given below)
 1st of every Month 4th of every month 8th of every month 12th of every month

DECLARATION BY ACCOUNT HOLDER

I/We hereby declare that the above information is correct and complete. I wish to avail the ECS debit facility and hereby express my unconditional consent to debit from above mentioned account through Electronic Clearing System. I/we authorize the representative of Abilashrayam Trust to get this mandate verified and registered with you. Mandate Verification Charges / ECS debit charges (if any) may be charged to my/our account

_____ Place _____ Date (DD/MM/YYYY) _____ Signature of the account holder

CERTIFICATION BY ACCOUNT HOLDER BANK

Certified that the above account is currently operational and the particulars furnished above are correct as per our records and we have noted the instructions

_____ Date _____ Bank Stamp/Seal _____ Authorized Signatory