



SANGLI URBAN CO-OPERATIVE BANK LTD; SANGLI

[Scheduled Co-op.Bank]

Head Office : C.S.No. 404, Khanbhag, SANGLI – 416 416 Tal. Miraj, Dist. Sangli

Phone : (0233) 2376236, 2376237, 2376238

Application for Electronic Clearing System (ECS) Facility for Loan Repayment / RD

Loan Holder's Information										
Loan Holder's Name	1									
	2									
	First Name			Middle Name			Surname			
Office Address										
City				Pin Code						
Mobile No.				Phone No.						
Email Id										
ECS Debit Date 5 th / 10 th / 15 th / 28 th (Circle one date)										

Term and Conditions :

1. I am voluntarily agreeing for using the ECS facility offered by the bank towards my loan repayments.
2. I hereby provide the completed ECS Debit Mandate form (in triplicate) for verification and mandate registration along with a cancelled cheque.
3. I hereby agree that I will pay increase in the EMI, if any, because of interest rate without prior intimation.
4. I will not hold Sangli Urban Co-op. Bank Ltd and / or Quinary Software Technologies Pvt. Ltd; accountable for any errors generated by the ECS process.
5. I will maintain sufficient funds one day prior to the due date of remittance for the ECS to be successful.
6. I will pay the service provider's service charges as agreed between the bank and the service provider.

SING
➤
HERE

Name & Signature

Date :


FOR BANK USE ONLY

Loan Account Type		Loan Account No.	
EMI Amount		No. of Installments	
Branch			
Cancelled Cheque	Attached		

(Mandate to be received in 3 copies from the customer)

For Sangli Urban Co-operative Bank Ltd; Sangli,

Officer / Branch Manager

 <p>SANGLI URBAN CO-OPERATIVE BANK LTD; SANGLI [Scheduled Co-op.Bank] Head Office : C.S.No. 404, Khanbhag, SANGLI – 416 416 Tal. Miraj, Dist. Sangli Phone : (0233) 2376236, 2376237, 2376238</p>	<u>ECS DEBIT –</u>	
	<u>BANK MANDATE REGISTRATION FORM</u>	
Utility Code	4119491	
Start Date		
End Date		
Amount		
Frequency	Monthly	
Loan Account No.		

To : Branch Manager,

I hereby authorize, _____ of Quinary Software Technologies (Service Provider) to conduct this signature verification and mandate registration on my/our behalf. Also, I hereby authorize you to debit to my account, any charges, if applicable, towards this signature verification and mandate creation at your end. Please extend your support. Thanking you.

Name and signature (as in bank records of all a/c holders)	SING ➤ HERE	Date	
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Debit Bank Account Information

Account Holder's Name (as in bank records)						
	First Name		Middle Name		Surname	
Joint Account Holder, If any						
Bank Name						
Branch Name			City			
9-digit MICR Code						
Account Type	Savings / Current / Cash Credit (circle one)					
Account No.						

Declaration by the account holder : I, hereby declare that, the particulars given above are correct and complete, if the transaction is delayed or not effected at all for some reasons of incomplete or incorrect information, I will not hold Sangli Urban Co-op. Bank Ltd; and the service provider responsible. I agree to discharge the responsibilities expected of my as a participant under the scheme. I hereby also authorize the service provider to use the above mentioned bank account for deduction of their service charges.

Signature (as in bank records of all a/c holders)	SING ➤ HERE	Date	
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Certified by Account Holder's Bank

We, hereby certify that the particulars furnished above are correct as per our records and we hereby declare that a copy of this form duly completed has been submitted to us and a mandate has been created at our end.

Name and Signature of the bank official		Bank Stamp	
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