

## ECS Mandate Form

ECS-I

### Electronic Clearing Service (ECS) for Credit Clearing Mandate Form (Account holder's option to receive payment through Credit Clearing Mechanism)

1. Name of Account Holder(s) :-

2. Account Number Details:

Sl. No.	Type of Account (RD/MIS/SCSS/TD/KVP/NSC)	Account Number
01		
02		
03		
04		
05		

3. Particulars of Bank Account in which interest amount to be credited:

A. Name of the Bank :-	
B. Name of the branch.	
C. Bank Account Number (Savings) & Code :-	
D. 9- Digit MICR Code	

**Note:** Please attach a **blank cancelled cheque or self attested photocopy of front page of your savings account passbook** issued by your bank for verification of the above particulars.

4. Mobile Number: -

5. Date of Effect: -

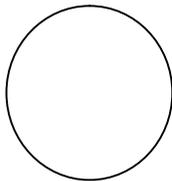
i) I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Post Office or Bank responsible. I have read the conditions prescribed under Appendix I of POSB (CBS) Manual for ECS facility.

ii) In case of ECS returns due to any reason, I will take payment of ECS return amount from the concerned Post Office.

Date: -

(Signature of the Account holder(s))

Certified that the particulars furnished above are correct as per our records.



Date Stamp

(.....)  
Signature of the APM/SPM/PM with stamp.