ACH DEBIT MANDATE FORM
Date Date
CANCEL I/We hereby authorize The BEST Undertaking to debit Tick () SB CA CC Other</td
Bank a/c number
vith Bank IFSC I Or MICR
n amount of Rupees ₹
REQUENCY Monthly Qtly H.Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum amount
Consumer No. Phone No.
Contract Account No. Email ID
have understood that the bank, where I have authorised the debit, may levy onetime mandate processing charges as mentioned in their latest schedule of charges published by the bank. PERIOD
From Signature Signature Signature
DR Until Cancelled 1 Name 2 Name 3 Name his is to confirm that the delateation has been carefully read, understood and made by me/us. am author/ging that liker entitle/Congreta to debt my occurst.
have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized the debit.