

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)

(MODEL MANDATE FORM)

EMPLOYEES OPTION TO RECEIVE PAYMENT THROUGH CREDIT CLEARING MECHANISM

(Scheme name and the periodicity of payment)

1. NAME OF FIELD SURVEYOR/ENUMERTOR : _____
2. DESIGNATION : _____
3. ID NUMBER : _____
4. DATE OF BIRTH : _____
5. BANK DETAILS:
 - a. BANK NAME : _____
 - b. BRANCH NAME & ADDRESS : _____
: _____
: _____
Telephone No.: _____
 - c. 9 DIGIT CODE NUMBER OF THE BANK & BRANCH : _____
(As appearing on the MICR cheque issued by the Bank)
 - d. ACCOUNT TYPE (Saving Bank Account or Current Account) : _____
 - e. ACCOUNT NUMBER (As appearing on the cheque Book) : _____
 - f. IFSC CODE : _____

(Please attach a bank cancelled multi-city cheque having name , account number, MICR code & IFSC code issued by your bank for verification for above particulars).

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 user institution responsible.

DATE: ___/___/_____

Signature of the employee
Mobile No.

Counter Sign By Supervisor