

STATE BANK OF INDIA

UMRN

Date

Tick (✓) Sponsor Bank **S B I N 0 0 1 4 5 2 4** Utility Code **S B I N 0 0 9 2 8 0 0 0 0 1 2 2 6 4****CREATE** I/We hereby authorize **BSNL, Calcutta Telephones** **To Debit Tick (✓)** **S B CA CC SB-NRE SB-NRO Others****MODIFY** Bank Account No. _____**CANCEL** Bank's Name _____ IFSC _____ MICR _____

An amount of Rupees _____ ₹

Frequency (✓) Monthly Quarterly Half-Yearly Yearly As & When Presented **DEBIT TYPE Tick (✓)** Fixed Amount Maximum Amount

Tele No. (Cust. ID) _____ Mobile No. +91 _____

Billing Account No. _____ E-mail ID _____

PERIOD OF MANDATE I agree for the debit of mandate processing charges by the bank, when I am authorizing to debit my account as per latest schedule of charges of the bank

From _____ Signature 1 _____ 2 _____ 3 _____

To _____ Name _____

OR _____ Until Cancelled

Declaration This is to confirm that the declaration has been carefully read, understood & made by me/us. i am authorizing the user entity / Corporate to the debit my account

I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity /

Corporate to the bank where I have authorized the debit.

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