



SOS CHILDREN'S VILLAGES OF INDIA

A loving home for every child

FORM NO.E-5

DEBIT ECS MANDATE FORM

Appendix-VIII

The Manager

(Bank Name): _____

(Branch Name): _____

(Address): _____

Telephone No.: _____

User Company

Name: **SOS CHILDREN'S VILLAGES OF INDIA**

Address: **Plot No. 4, Block C-1, Institutional
Area, Nelson Mandela Marg, Vasant
Kunj, NEW DELHI - 110070**

Telephone No.: **011 - 4323 9200, 46766600**

I hereby authorize you to debit my account for making payment to **SOS CHILDREN'S VILLAGES OF INDIA** through ECS (Debit) clearing as per the details given as under.

A. 9-DIGIT CODE NUMBER OF THE BANK & BRANCH:

(Appearing on the MICR Cheque issued by the bank)

B. ACCOUNT TYPE: _____

(S.B. Account/Current Account or Cash Credit)

C. LEDGER NO / LEDGER FOLIO NO.: _____

D. ACCOUNT HOLDER NAME: _____

E. ACCOUNT NUMBER:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled cheque issued by your bank or its photocopy for verification of the above particulars)

Name of the Scheme	Date of Effect	Periodicity (M/BiM/Qly/etc.)	Amount of installment/ Amt of bill with upper limit	Number of installments/ Valid up to (in case of utility bills)

F. Date of Effect: ____/____/____ (dd/mm/yyyy)

G. CONSUMER CODE: _____

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. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date:

Signature of the Customer

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

(Bank's Stamp)

Date:

Signature of the Authorized official
From the Bank

(Note – Mandate to be obtained in 3 original copies, one for Bank, one for User Company and one for Customer. If in any case customer is not able to get the mandate verified from the bank, SOS-INDIA will get the same verified on behalf of customer/donor)



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