



ELECTRONIC CLEARING SERVICE MANDATE - FORM 1

Dear Sir,

I hereby authorise Axis Bank & their service providers to debit my bank account, as given below, by Electronic Clearing System to pay the Credit Card outstanding dues towards my LIC credit card

Name	<input type="text"/>
LIC Credit Card Number	<input type="text"/>
Particulars of Bank Account	
A. Name of Account Holder	<input type="text"/>
B. Bank Name	<input type="text"/>
C. Branch Name	<input type="text"/>
D. 9 digit code number of the bank and branch appearing on the MICR cheque issued by the Bank.	<input type="text"/>
(Please enclose a photocopy of blank, cancelled cheque issued by your bank for verifying the accuracy of the code number)	
E. Account Type :	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> CC Account
F. Ledger folio number	<input type="text"/>
(If appearing on the cheque book)	
G. Account Number	<input type="text"/>
(As appearing on the cheque book)	

Declaration :

I hereby express my unconditional consent to debit payment of my Credit Card dues through participation in the ECS of the National Clearing Cell of the Reserve Bank of India and hereby unconditionally authorize Axis Bank to raise the debits on such regular payments, against my Bank Account Number. I/we hereby also authorise my/our Bank to verify this mandate through its officials or its authorised service providers. Mandate verification charges (if any) may be charged to my/our account.

I hereby declare that the particulars given above are correct and complete and, if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold Axis Bank responsible.

I agree and understand that my bank shall be informed of these debits as per the enclosed letter, I shall advise them of the same and I understand that the instruction cannot be withdrawn/ cancelled except with the written consent of Axis Bank for the payment of the Credit Card dues. I hereby further declare that I shall maintain the sufficient balance in my aforementioned bank account to clear the debit instruction raised by Axis Bank.

I agree and authorize Axis Bank to share my information/data with its authorized service provider during the course of processing my/our mandate as they deem necessary.

I wish to pay (tick one of the following)

Total amount Due

Minimum amount Due

Date :

Signature of Primary Card holder _____

1st Account Holder Name Signature _____

2nd Account Holder Name Signature _____

3rd Account Holder Name Signature _____

You can courier the form to:

LIC Cards Support, Credit Card Operations ,

Axis Bank Ltd., 4th Floor, NPC 1, Building# 1, Gigaplex Plot # I.T.5, MIDC, Airoli Knowledge Park, Airoli, Navi Mumbai-400708

Note: 1) Axis Bank will notify you on the setup of ECS mandate facility on your credit card account. In the interim, we request you to make payment towards your credit card outstanding by alternative modes. 2) This option will carry forward upon renewal / reissue/ swapping your Card.