



ABILASHRAYAM TRUST (R)

Reg. No. 251/08-09

Corp. Office: #373, 2nd cross, Muniswamappa Layout, Opp Kodigehalli Railway Station, Kodigehalli, Bangalore – 560 092

Branch Office: 3rd floor, "Sai Rama", Plot No.3, Serwell Housing Co-operative Society, Kalyan Nagar III, Yousufguda, Hyderabad, 500 045

Contact: Bangalore - Mob: +91- 9945 122 477, Ph: 080-2362 1693 Contact: Hyderabad- Mob: +91-9550 504 466, Ph: 040-2383 1024

E-mai: info@abilashrayam.com

Website: www.abilashrayam.com

ELECTRONIC CLEARING SERVICES (ECS) – MANDATE FORM

I/We the hereby authorize **ABILASHRAYAM TRUST with ECS user ID 5609233** to debit my/ our bank account by ECS debit clearance for collection of donations.

PERSONAL INFORMATION

Name (as in the bank account) _____

Mailing Address _____

City _____ State _____ PIN _____

E-mail _____ PAN No _____

Mobile Number _____ Phone Number _____

BANK ACCOUNT DETAILS

9-digit MICR code (as appearing on the cheque) _____

Account Name (as in the bank account) _____

Account Number _____

Bank Name _____

Branch Name _____

Account Type (Current/Saving) _____

Fixed amount to donate every month is (In Figures) _____ (In Words) _____

Fixed date to pay every month is (Please tick any one of the dates given below)

1st of every Month 4th of every month 8th of every month 12th of every month

DECLARATION

I/We hereby declare that the above information is correct and complete. I wish to avail the ECS debit facility and hereby express my unconditional consent to debit from above mentioned account through Electronic Clearing System. I/we authorize the representative of the Abilashrayam Trust to get this mandate verified and registered with you. Mandate Verification Charges / ECS debit charges (if any) may be charged to my/our account

_____ Place

_____ Date (DD/MM/YYYY)

_____ Signature of the account holder

CERTIFICATION BY ACCOUNT HOLDER BANK

Certified that the above account is currently operational and the particulars furnished above are correct as per our records and we have noted the instructions

_____ Date

_____ Bank Stamp

_____ Authorized Signatory