

DEORI DEVELOPMENT SOCIETY (DDS) OFFICE: MAHADEVPUR, DISTT. NAMSAI (A.P)

PERMANENT MEMBERS' MANDATE FORM FOR PAYING MONTHLY DONATION THROUGH ELECTONIC CLEARANCE SERVICE (DEBIT CLEARING) OR DIRECT DEBIT

FORM A: ECS/DIRECT DEBIT Mandate Form. (Direct Debit facility is for all bank Account Holders eg. SBI, UBI, ETC)

(TO BE SUBMITTED TO BANK AND A COPY TO DDSA OFFICE)

DDS bank account details

:- STATE BANK OF INDIA ACCOUNT NO: - 37591597348

BRANCH: - NAMSAI, NAMSAI (A.P) Pin- 792103

IFS CODE: SBIN0013311

(Tick which is applicable and strike off the others)

NEW	APPLICATION		CH	IANG	E IN	BA	NK	DET	AILS			CANO	CELL	ATIO	N						
DDS User code (Utility Code) for ECS is (a) Name of the permanent member:																					
(a)	Name of the perma	nent fr	nembe	er:																	T
(b)	Enrollment no:												1			ı					
(c) Mobile No.]								
Other cont. No.													<u>]</u>]								
(d)	E-mail ID:																				
1	. Particulars of Ba	ınk A/	C (fro	m wh	ich y	ou w	ant	to del	oit the	amou	int):										
8	a) Bank Name																				
ł	b) Bank Address																				
c) Name of the Account Holder/s																					
																					7
C	d) Account Type (C	Curren	t Bar	ık Ac	count	-10	/Cu	rrent A	4/c-1	or C	ash/Cı	edit -	11) _								_
6	e) Account Numbe	r (as a	ppear	ing or	the (Cheq	ue l	Book)													
f	,					e Bar	ık a	nd Br	anch									1		1	
	(Should not beg																	_			
2	2. (a) I hereby in			ank	to de	bit n	ny a	above	Acc	ount]	No. a	nd ren	nit to	DDS	SBI A	Accou					
	Rs. Rupees per month within 1st to 10th of every month. (Minimum ECS transaction of Rs. 200/- per month is compulsory w.e.f. / /20).																				
	(b) If in future my Bank Account is transferred to a city where ECS facility is not available, a change of mode													_).							
	will be necessary which will involve change in premium (in case of ECS(MLY) mode)																				
(c) I agree that this Mandate will form an integral part of my proposal (Only for new proposals)																					
	I, hereby, decla	are tha	at the	parti	iculaı	s gi	ven	abov	e are	corre	ect an	d con	nplete.	I bei	ng the	e pern	nanei	nt me	mbe	er of	the
	express my willi																				
	of Reserve Bank Account towards																				
Bank Account towards the said donation amount due referred above. If any transaction is delayed or not effected at all for the reasons of incomplete or incorrect information or non-availability of funds or closure of Accounts etc. I would not											not										
hold DDS or the user institution responsible. I understand that the first transaction after authorization may take one month time in getting the process commenced.											nth										
tillic	in getting the proc		71111110	neca	٠.																
Place	:																				
Date:													Si	gnatui	re of t	he pei	man	ent m	emb	er	
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	 We certify that We acknowledge 																		n.		
	Date:									R	ank S	eal Sig	nature	of the	e Bank	Offic	ial				