



ONE TIME AUTHORISATION FORM FOR NACH/ECS/DIRECT DEBIT/STANDING INSTRUCTION

UMRN

Date

Tick Sponsor Bank Code Utility Code

CREATE I/We hereby authorize **SHRIRAM MUTUAL FUND** to debit (tick) SB CA CC SB-NRE SB-NRO Other
MODIFY Bank a/c number
CANCEL

with Bank Name of Customers Bank IFSC or MICR

an amount of Rupees In words ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Folio No. Phone No.

Reference Email ID

I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.

Period
From
To 1. 2. 3.

* This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorising the user entity/corporate to debit my account.
* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorised the debit.
I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof. I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).