



I authorise IndusInd Bank t	o debit my IndusInd Bank Account No.
held at Branch	in City
every month for	
☐ Minimum Amount Due	
OR	
☐ % of Total Amount Due	(Pls. specify)
Name on Card	First Name Middle Name Last Name
Primary Card Number	This realite Wildlie Name
above. I hereby declare that	ditional consent to debit payment of my monthly IndusInd Bank Credit Card dues to my Bank Account Number as give t the particulars given above are correct and complete, and if the transaction is delayed or not effected at all for reason formation, I will not hold IndusInd Bank responsible.
	·
	Date D D M M Y Y Y
Signature of Cardholder	X
orginature or oartholder	

* Please ensure that your signature is the same as the specimen signature with the Bank. Please note that Auto-Debit facility will only be effected where the Bank Account has a "Single" or "Either/Anyone or Survivor" mode of operation.