

## NACH Instructions

**IndusInd Bank**

UMRN

Date

Tick (✓)

Sponsor Bank Code

Utility Code

CREATE

I/We hereby authorize

Name of Utility/ Biller/ Bank/ Company

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

₹

FREQUENCY

Mthly

Qtly

H-Yrly

Yrly

As & when presented

DEBIT TYPE

Fixed Amount

Maximum Amount

Reference 1

Phone No.

Reference 2

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From

To

Or

Until Cancelled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. • I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/ Corporate or the bank where I have authorized the debit.