

## AUTO DEBIT MANDATE FORM

To,

**IndusInd Bank Ltd.**

**Customer Care-Credit Cards P.O. Box No. 9421,**

**Chakala MIDC, Andheri (East) Mumbai – 400093**

I authorise IndusInd Bank to 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

Primary Card Number

I hereby express my unconditional consent to debit payment of my monthly IndusInd Bank Credit Card dues to my Bank Account Number as given above. I hereby declare that the particulars given above are correct and complete, and if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I will not hold IndusInd Bank responsible.

Signature of Cardholder

Date

\*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.