

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)
(MODEL MANDATE FORM)**

EMPLOYEES OPTION TO RECEIVE PAYMENT THROUGH CREDIT CLEARING MECHANISM

(Scheme name and the periodicity of payment)

- 1. EMPLOYEE NAME : _____
- 2. DESIGNATION : _____
- 3. DATE OF BIRTH : _____
- 4. DATE OF JOINING IN GOVT. SERVICE : _____
- 5. BANK DETAIL:
 - a. BANK NAME : _____
 - b. BRANCH NAME & ADDRESS : _____
: _____
: _____
TELEPHONE NO: _____
 - c. 9 DIGIT CODE NUMBER OF THE BANK & : _____
BRANCH (As appearing on the MICR cheque
issued by the bank)
 - d. ACCOUNT TYPE : _____
(Saving Bank Account or Current Account)
 - e. ACCOUNT NUMBER : _____
(As appearing on the cheque book)

(Please attach a bank cancelled cheque, or photocopy of a cheque and front page of your pass book issued by your bank for verification of the above particulars)

I hereby declare that the particulars given above are correct and complete if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I would not hold the user institution responsible.

Date: ____/____/____

Signature of the employee