

Form No. E-5

Electronic Clearing Service (Debit)

The Manager

(Bank Name)-----

(Branch Name)-----

(Address)-----

Telephone No.

Details for the User Company:

Name : SRDAV Public School

Address : Dayanand Vihar, Delhi

Telephone

No.22370367,22379779

User Number -1109780

Name of the student : _____

Admission No. _____

Class (2016-17)_____

Contact No _____

Email Id _____

I hereby authorize you to debit my account for making payment to SHAHEED RAJPAL DAV PUBLIC SCHOOL, DAYANAND VIHAR, DELHI-92 through ECS (Debit) clearing as per the details given as under.

A. 9-Digit Code of the bank & Branch

1	1	0							
---	---	---	--	--	--	--	--	--	--

(Appearing on the MICR cheque issued by the bank)

B. Account Type :

S.B. Account Current Account

C. Name of the Account holder(s) _____

(Name of the first holder in case of joint account as per bank record)

D. Account Number (CBS enabled new account numbers only) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of the Scheme	Date of Effect	Periodicity (M / Bi-M / Qly / etc.)	Upper limit	Number of installments/Valid up to (in case of utility bills)
School Fee	May 2016 TO March 2021	Monthly	₹ 50,000/-	12 installments per Year

E. Date of effect: **May, 2016**

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. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date:

Signature of the Customer

Certified that the particulars furnished above are correct as per our records & the mandate has been created in our system.

(Bank's Stamp)

Date:

Signature of the Authorized official from the Bank

(Note – Mandate to be obtained in 4 copies, one original for attesting bank & 3 original copies to be submitted at School)