Mandate Form For ECS (Electronic Clearing Service) (Debit Clearing)

World Vision India

Authorize your bank to debit your contribution to World Vision through Electronic Clearing Service

The Manager
(Bank Name) _____
(Branch Name) _____
(Address) _____
Telephone No. _____

Copy to World Vision India
Name: World Vision India
Address: 16. V.O.C. Kodambakam Main Road
Chennai - 600 024
Ph No: 44-2480 7070 Toll Free: 1-800-425-4550

I hereby authorize you to debit my/our bank account for making payment to World Vision India through ECS (Debit) clearing as per the details given as under

Partner Name: _____ ID: _____
Email ID: _____ Mobil No: _____

A. 9-Digit Code Number of the Bank & Branch: ☐☐☐☐☐☐☐☐☐ (OR) attach a cancelled cheque for reference
(Appearing On The MICR Cheque Issued By The Bank)

B. Account Type : (S.B. Account ☐ Current (CA) ☐ Cash Credit (CC) ☐)

C. Ledger No / Ledger Folio No.

D. Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of the Scheme/Partner ID	Donation Start Date	Periodicity (M/BiM/Qly/Half-yearly/Annual) / Amount	Number of installments/ Valid up to (in case of utility bills)
	1st to 15th of every month (ECS will be sent to the Bank)	☐ Rs. 7200 Anually ☐ Rs. 3600 Half year y ☐ Rs. 1800 Quarterly ☐ Rs. 600 Monthly Others Rs. _____ /-	

E. Date of effect: ..... (w.e.f) Amount to be deducted
(date / month / year)

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 open invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date _____ Name of the Account Holder _____ Signature of the Account Holder _____

Certified that the particulars furnished above are correct as per our records.

Date (Bank's Stamp) .....
Signature of the Authorized official from the Bank

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Bank Copy

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