

Important! – Please Note!!

- Kindly fill in both the original forms of the mandate, sign and send back to us as **hard copies** to the street address given below*
- Please **attach a blank cancelled cheque** issued by your bank for verification of particulars
- You need not visit your bank. Our bankers will take full responsibility to process the mandate
- As per the requirements of the bank **“end date “is a mandatory field.**You can withdraw from ECS at any time with just a written communication to us at indiasponsors@wvi.org
- Please note, the first ECS payment will be deducted between 45 to 60 days from the time we receive the signed mandate depending on the payment cycle which you choose
- If you are new, and you wish to start your sponsorship immediately kindly send us a cheque (favouring World Vision India) for Rs. 800/- per child to cover the sponsorship gift for the first month.

*Our mailing address:

World Vision India
16 V O C Main Road
Kodambakkam
Chennai 600 024
Toll-free | -800-425 4550

Electronic Clearing Services (ECS) (Debit Clearing) Mandate

World Vision India
16,VOC Main Road, Kodambakkam,Chennai - 600 024.

Form 1

Office use only:

Mandate Reference No: _____

UI Code: _____

World Vision Partner ID: _____

Particulars of Bank Account

The Manager,

Name of the Bank: _____

Branch Name: _____

Branch Address: _____

Phone: _____

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

MICR 9 Digit code number of the bank and branch
(Appearing on the MICR cheque issued by the bank)

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Type of account: Saving Current Cash Credit

Ledger / Folio No (if any): _____

Account Holder Name(s) (As per Bank's records)

1st Account Holder: _____

2nd Account Holder: _____

3rd Account Holder: _____

Account Number: _____

(as appearing on the Cheque book)

Payment Cycle	Payment x No. of Children	Total	Date of Effect
<input type="checkbox"/> 05th	₹ 800 Monthly x <input type="checkbox"/>	₹ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 10th	₹ 2400 Quarterly x <input type="checkbox"/>	₹ _____	End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 17th	₹ 4800 Half-Yearly x <input type="checkbox"/>	₹ _____	
<input type="checkbox"/> 24th	₹ 9600 Annually x <input type="checkbox"/>	₹ _____	

I/We 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.

Signature(s) of the Account Holder(s) (As per Bank's records)

1st _____

2nd _____

3rd _____ Date

Bank Use

Certified that the bank Account details and Signatures of account holders are correct and as per bank's records

Date:

Stamp & Signature of the Authorized official of the Bank

Electronic Clearing Services (ECS) (Debit Clearing) Mandate

World Vision India
16,VOC Main Road, Kodambakkam,Chennai - 600 024.

Form 2

Office use only:

Mandate Reference No: _____

UI Code: _____

World Vision Partner ID: _____

Particulars of Bank Account

The Manager,

Name of the Bank: _____

Branch Name: _____

Branch Address: _____

Phone: _____

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

MICR 9 Digit code number of the bank and branch
(Appearing on the MICR cheque issued by the bank)

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Type of account: Saving Current Cash Credit

Ledger / Folio No (if any) _____

Account Holder Name(s) (As per Bank's records)

1st Account Holder: _____

2nd Account Holder: _____

3rd Account Holder: _____

Account Number: _____

(as appearing on the Cheque book)

Payment Cycle	Payment x No. of Children	Total	Date of Effect
<input type="checkbox"/> 05th	₹ 800 Monthly x <input type="checkbox"/>	₹ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 10th	₹ 2400 Quarterly x <input type="checkbox"/>	₹ _____	End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> 17th	₹ 4800 Half-Yearly x <input type="checkbox"/>	₹ _____	
<input type="checkbox"/> 24th	₹ 9600 Annually x <input type="checkbox"/>	₹ _____	

I/We 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.

Signature(s) of the Account Holder(s) (As per Bank's records)

1st _____

2nd _____

3rd _____ Date

Bank Use

Certified that the bank Account details and Signatures of account holders are correct and as per bank's records

Date:

Stamp & Signature of the Authorized official of the Bank