Electronic Clearing Service Mandate form

		0	py of the Us	ser comp	any			
The Manager		Na	me : Veda \	/yasa DA	sa DAV Public School			
(Bank Name)		AD	ADDRESS: D Block, Vikas Puri New Delhi-110					
(Branch)		Tel	lephone No	: 285322	.9 <mark>2, 28535</mark> 5	94		
(Branch Address)		US	ER ID - 1109	9750				
Telephone No								
I hereby authorize you to DEBIT Vikas Puri through ECS (Debit) c	•	•		•	DAV Public	School		
(FORM SHOULD BE FILLED IN CL		_			NOT ALLOW	ED)		
A. 9-Digit code of Bank and Bran	nch : *							
(Appearing on the MICR cheque issued by the bank)								
B. Account Type								
SB Account/Current Account or	Cash Credit							
C. Ledger no./Ledger Folio No.:								
D. Account Number(CBS Enable	d new account	numbers only	'): *					
		' '	· ·		'		_	
Name of the Date of Eff	, ,		Amount of		Number of			
Scheme		dicity onthly)	Installment (Upper Limit *)		Installments / Valid upto			
	(6) 141	Ontiny	(Opper Lin	,	vana apte			
ECS For School 01-04-2017		onthly	50,000		Till the ward in			
Fees					the school			
E. Date of effect 01-04-2017 (EC I hereby declare that the particular delayed or not effected at all for the school responsible. I have represented the school responsible of me as Date:*	llars given above reasons for inead the option i	ve are correct complete or in invitation lette under the sche	and comple ncorrect infer er and agree	ete. If the ormation e to disch	transaction, I would no		_	
* Company's Stamped required	in case of curr	•	the Account			er)		
Date		Signature	of the auth	orized of	ficial of the	bank		
* Marked field are compulsory								
We assure you that only school	fee will be debi	ited from you	r Bank Acco	unt thro	ugh ECS. W	e have		
fixed upper limit as Rs	taking into the	account of an	inual charge	es which	are to be pa	aid twice	5	
i <u>n</u> a year.				_				
Student ID no.	Class	& Sec						
Student Name								
Father/ Mother's Name			_					
Mobile Nos.								

Please attach a original cancelled cheque at the back of this form.