

# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DIRECT DEBIT

Saranalayam, 89 Babuji Nagar, Tirunelveli - 627 001

I hereby authorize \_\_\_\_\_ hereinafter called the TRUST, to initiate Direct Debit entries and necessary credit entries for adjustments to correct errors to my  CURRENT or  SAVINGS ACCOUNT (select one) indicated below at the depository name below, hereinafter called DEPOSITORY.

Amount Rs \_\_\_\_\_ (in words) \_\_\_\_\_

WEEKLY \_\_\_\_\_ BI-WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_

DEPOSITORY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PIN: \_\_\_\_\_

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

This authority is to remain in full force and effect until the TRUST has received written notification from me of its termination and in such manner as to afford the TRUST and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Guardian: \_\_\_\_\_  
(PRINT/CAPS)

\_\_\_\_\_  
SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTACH YOUR VOIDED CHECK HERE