

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