

**ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)**

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

<p><b>Copy to the User Company</b> (To be filled at HO-Chennai)                  Name .....                  Address .....                  .....                  Telephone No .....</p>
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I hereby authorize you to debit my account for making payment to Cholamandalam Investment and Finance Company Ltd through ECS (Debit) clearing as per the details given as under.

- A. ACCOUNT HOLDER NAME :
- B. 9-DIGIT CODE NUMBER OF THE BANK & BRANCH : 

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 (Appearing on the MICR cheque issued by the bank)
- C. ACCOUNT TYPE :  
 (S.B. Account / Current Account / Cash Credit)
- D. LEDGER NO / LEDGER FOLIO NO. :
- E. ACCOUNT NUMBER :  

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Name of the Scheme	Date of effect	Periodicity (M/BiM/Qly/etc.)	Amount of installment/Amt of bill with upper limit	No. of installments	Valid upto Date

F. Date of effect :

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

.....  
 Date : Signature of the Account Holder

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

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

Date : CIFCL Customer Name .....