SHRIRAM Mutual Fund
NURTURING TRUST, SHAPING DREAMS

ONE TIME AUTHORISATION FORM FOR NACH/ECS/DIRECT DEBIT/STANDING INSTRUCTION

UMRN Office use only Date D D M M Y Y Y Y

Sponsor Bank Code Office use only Utility Code Office use only

Choose (✓)

CREATE	✓
MODIFY	✕
CANCEL	✕

I/We hereby authorize **SHRIRAM MUTUAL FUND** to debit (✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Other

Bank A/c No.:

With Bank Bank Name & Branch IFSC MICR

an amount of Rupees Amount in Words ₹

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☑ As & when presented (default) DEBIT TYPE ☒ Fixed Amount ☑ Maximum Amount

Folio No. Phone No.

Reference Email Id

I agree for the debit of Mandate processing charges by the Bank whom I am authorising to debit my account as per latest Schedule of charges of the Bank.

PERIOD
From D D M M Y Y Y Y
to D D M M Y Y Y Y
Max Validity: 40 years only.

Sign Signature of First Account Holder Sign Signature of Second Account Holder Sign Signature of Third Account Holder

1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user Entity / Corporate to debit my account.
I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the user entity / corporate or the bank where I have authorised the debit.
I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer prererence register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof. I/We consent to the Bank communicating to me/us about the transactions carried out in my/or aforesaid account(s).