TRUST MUTUAL FUND
CLEAR • CREDIBLE • CONSISTENT

ONE TIME BANK MANDATE

(NACH / OTM / DIRECT DEBIT FORM)

UMRN | F O R O F F I C E U S E O N L Y | Date D D M M Y Y Y Y

Tick (✓)	
CREATE	✓
MODIFY	X
CANCEL	X

Sponsor Bank Code: FOR OFFICE USE ONLY

Utility Code: FOR OFFICE USE ONLY

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

Bank Account No.

With Bank: Name of customers bank IFSC or MICR

an amount of rupees: IN WORDS ₹ IN FIGURES

Frequency: ☒ Monthly ☒ Quarterly ☒ Half yearly ☒ Annually ☑ As & when presented

DEBIT TYPE: ☒ Fixed amount ☑ Maximum Amount

Reference/Application No. Phone No.

Scheme Name

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing 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

Maximum period of validity of this mandate is 40 years only.

Signature of Primary Account Holder As per Bank Record	Signature of Account Holder As per Bank Record	Signature of Account Holder As per Bank Record
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 authorizing the user entity/corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.