

Electronic Clearing Service (ECS Debit Clearing) Mandate Form (to be filled in duplicate)

PART A: Authorisation by the guardian for payment of fees of their wards through Electronic Clearing Service (ECS Debit Clearing)

I hereby authorise you (Payee Bank) to debit my account by ECS Debit Clearing for making payment to South Point School and/or their authorised service provider towards the School Fees of my ward, payable bimonthly, including Bus Fee, Annual Charges, Activity Club Fees, Special Classes Fee, etc. I hereby authorise the service provider to get this mandate verified or sent to you on my behalf and have the same registered against my account in the Bank's system.

- 1. Student ID No: _____
- 2. Student Name: _____
- 3. Class: _____ Section: _____ Session: _____
- 4. Guardian's Mobile No: _____ Email Address: _____

Note: Please provide your e-mail ID, Mobile Number to receive alerts about your payment details.

- 5. Particulars of Guardian's Bank A/C:
 - a. Bank Name: _____
 - b. Branch Name & Address: _____
 - c. 9 digit MICR Code No (as appearing on the cheque issued by the bank): _____
 - d. Type of Account (Whether savings/current/CC): _____
 - e. Account Number (as appearing on the cheque): _____
 - f. Name(s) of the Bank Account Holder: _____

Note: Please attach a blank cancelled unsigned cheque of your bank account from which you want the payments to be made. The cancelled cheque is required to verify the details of the account holder.

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 institution responsible. I hereby confirm to maintain clear balance at the previous day end in my above account, I understand my Bank may charge Mandate Verification fee to my/our account.

_____ (Signature of the customer as per the Bank Records)	_____ (Signature of the Joint Account holder as per the Bank Records)	_____ (Signature of Guardian)
Please put rubber stamp, if the account is in the name of Company, firm, etc.		Date: _____

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This portion is not to be filled by guardians

PART B: CERTIFICATION BY ACCOUNT HOLDER'S BANK:

We hereby, certify that the above account is currently operational and the particulars furnished above are correct as per our records.

Bank Stamp

Branch:

Date:

Signature of the Authorised Officer of the Bank