

Electronic Clearing Service (ECS Debit Clearing) Mandate Form

Authorisation of the Guardian for Payment of Fees of their wards through Electronic Clearing Service (ECS Debit Clearing)

I hereby authorise South Point School / their authorised service provider, M/s Bill Junction Payments Ltd. to debit my/our bank account by ECS Debit Clearing for collection of School Fees payable bimonthly, including Bus Fee, Annual Charges, etc. and the applicable transaction processing charges payable to Bill Junction Payments Ltd.

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 No. 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. Ledger Folio No: _____
 - f. Account No (as appearing on the cheque): _____
 - g. Name of the Bank Account Holder: _____

Note: Please attach a blank cancelled unsigned cheque of your bank account from which you want your 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 affected at all for reasons of incomplete information, I would not hold the School / Bill Junction responsible. I have read the option notice regarding ECS fee collection and agree to discharge the responsibility expected of me as a participant under the scheme.

*(Signature of the customer
as appear in the Bank Records)*

*(Signature of the Joint Account holder
as appear in the Bank Records)*

Please put rubber stamp, if the account is in the name of Company, firm, etc.

Date: _____

TO BE FILLED IN AND SIGNED BY THE GUARDIANS AND RETURN WITH MANDATE FORM FOR GIVING INTIMATION TO THE ACCOUNT HOLDER'S BANK ABOUT THEIR OPTION.

The Branch Manager

Bank Name : _____

Branch Name : _____

Branch Address: _____

Dear Sir/Madam,

Sub: ECS Mandate Intimation for payment of School Fees

Bank Account No: _____

This is to inform you that I have registered myself with South Point School / their service provider for collection of School Fees and other charges payable to the School and their authorised service provider. Such payments shall be made from my or our above mentioned account maintained with your bank and shall be routed through RBI's Electronic Clearing Service (Debit Clearing) Cycle. I hereby authorise you to honour such payments.

Thanking you,

Yours Sincerely,

(Signature of the Account Holder as appear in the Bank Records)

(Signature of the Joint Account holder as appear in the Bank Records)

Please put rubber stamp, if the account is in the name of Company firm, etc.

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VERIFICATION OF ACCOUNTS DETAIL BY THE BANKERS

We hereby, certify that the particulars furnished above are correct as per our records, and we, hereby, declare that a copy of this ECS mandate, duly complete, has been submitted to us.

Bank Stamp

Branch:

Date:

Signature of the Authorised Officer of the Bank