

ARN - 30156

EUIN NO



OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI

Date DD MM YYYY

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Form fields for UMRN, Sponsor Bank Code, Utility Code, and authorization text: I/We hereby authorize: HDFC Mutual Fund to debit (tick) SB / CA / CC / SB-NRE / SB-NRO / Other

Form fields for Bank A/c No., Bank Name & Branch, IFSC, and OR MICR

an amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: Phone No: Reference 2 Appln No: 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 DD MM YYYY to DD MM YYYY or Until Cancelled. Signature lines for Primary Account Holder and Account Holder.

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 the mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.