

## MANDATE FORM

### BENEFICIARY/CUSTOMER'S OPTION TO RECEIVE PAYMENT THROUGH E-PAYMENT

1.	Beneficiary Name	
2.	Beneficiary address & Telephone/ Mobile No.	
3.	Beneficiary Account no.	
4.	Account Type (Saving/Current /Cash Credit with code 10/11/13)	
5.	Nine digit code number of the bank & branch appearing on the MICR cheque issued by the bank (if available)	
6.	Bank Name	
7.	Branch Name & address with Telephone No.	
8.	IFSC Code	
9.	Photocopy of the cancelled cheque to confirm correctness of IFSC code and Account no. given	

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 incompleteness or incorrectness of information given by me as above, i would not hold the user institution responsible.

**PPO NO.** \_\_\_\_\_

Dated .....

**(Signature of Spouse)**

**(Signature of the Beneficiary)**

Certified that the particulars furnished above are correct as per the record.

Dated .....

**(Signature of Authorised Officer with Bank Stamp)**

## PENSIONER'S LETTER OF AUTHORITY AND UNDERTAKING

To  
The Principal Controller of Communication Accounts,  
2nd Floor CTO Building Fort

Mumbai-410001

Sir,

I hereby opt to draw my pension through a Bank Account under the New Banking Scheme. I hereby authorise the bank to receive my monthly pension on my behalf and credit the same to my account as per particulars given as follows:

1. I have to draw my pension/family pension through the bank as per details given below.

**Name of the Bank:**

**Branch:-**

**Account No.:-**

**IFSC Code:-**

**MICR Code:-**

2. I hereby undertake that any amount of excess/wrong payment of pension, if credited to my Bank Account will be refunded on your instructions.
3. This authority undertakes and agrees to bind myself and my heirs, successors, to indemnify the Bank/PDA in so crediting my pension to my account under the scheme and to forthwith pay the same to the Bank/PDA and also irrevocably authorise the Bank/PDA to recover the amount due by debit to my said account or any other account/deposits belonging to me in possession of the bank.

Signature of Pensioner

Witnesses:-

(1) Signature :

Name :  
Address :

(2) Signature

Name:  
Address:

I. **Personal detail.**

1. Name of the Pensioner:
2. Designation:
3. Date of Retirement:
4. Address of the Pensioner:

**Family Pensioners only**

5. Relationship with deceased:
6. Name of the deceased Government  
Servant Pensioner:

2. **Bank Details**

1. Saving/Current Account No:
2. Name of the Bank:
3. Name of the Branch:

3. (a)Certified that the Bank details (2 above) are correct. The account of pensioner and his /her signatures given overleaf agree with the specimen signature held in our records. (b)Any excess amount credited in the account of the pensioner and due/refundable to PDA will be refunded immediately as and when called for by the PDA .Notwithstanding anything contained in this clause 3(b) ,the Bank and the PDA agree and understand that the obligation cost on the Bank by medium of this clause[3(b)], shall be subject to :-

i.The rights conferred and the duties imposed on the Bank by Law and/or norm and/or regulations.

Place :

Signature of the Bank Manager  
(Bank Accounts Seal)

DATE:

**- Note- Part 1 & 2 to be filled in by the pensioner and Part 3 by Bank.**