HDFC MUTUAL FUND
BHAROSA APNO KA

OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT/SI
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date | D | D | M | M | Y | Y | Y | Y

(tick✓)

☐ CREATE
☐ MODIFY
☐ CANCEL

| UMRN | OFFICE USE ONLY |

| Sponsor Bank Code | OFFICE USE ONLY | Utility Code | OFFICE USE ONLY |

I/We hereby authorize: **HDFC Mutual Fund**   to debit (tick✓) | SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: | Bank Name & Branch | IFSC | | 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 | D | D | M | M | Y | Y | Y | Y

to | D | D | M | M | Y | Y | Y | Y

or   ☐ Until Cancelled

_____
Signature of Primary Account Holder

_____
Signature of Account Holder

_____
Signature of Account Holder

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