TATA CAPITAL HOUSING FINANCE LIMITED (TCHFL)
ELECTRONIC CLEARING SERVICE (ECS) / DIRECT DEBIT CLEARING (AUTO DEBIT)
Declaration for Tata Capital Housing Finance Limited Loans
(Please read instructions carefully and fill up the form in CAPITAL LETTER)

Date :_____ TCHFL Branch Name & Code:_____

ECS User No. | | | | | | | | | TCHFL Loan A/C No.: | | | | | | | | | | | | | | | | | |

I/We hereby apply for making payment through ECS/AutoDebit : ☐ Fresh Case ☐ Swap Case

Customer's Name_____

Particulars of Bank Account (from which loan payments should be made)

Name of Account Holder : _____

Bank Name : _____

Branch Name : _____

Address of Branch : _____

Customer email-id : _____

Contact Number : Mobile:_____ Residence:_____ Office:_____

9 Digit Code Number of the Bank and Branch appearing on the MICR cheque issued by bank | | | | | | | | | |

(Please attach a photocopy of cheque or a blank cancelled cheque and current month Bank Statement/Pass Book)

Account Type | | | | | | | | | | | | | | | | | | | | (Saving / Current / Cash Credit)

IFSC Code | | | | | | | | | | | | | | | | | | | |

Account No. | | | | | | | | | | | | | | | | | | | |

(as appearing on the Cheque Book)

EMI Amount Rs. *	EMI Start Date	EMI End Date
	D D M M Y Y Y Y	D D M M Y Y Y Y

* In case of structured EMI, please put maximum EMI amount in the column.

Frequency ☐ Monthly ☐ Quarterly

DECLARATION

I/We hereby declare that the particulars given above are correct and complete.
I/We unconditionally authorized TCHFL to raise debit on my/our account mentioned above regularly every month/quarter through ECS/ Direct Debit Clearing amount of Rs._____
(Rupees in words _____only
or such amount as may be intimated by TCHFL from time to time.)
I/We authorize TCHFL to change the Standing Instruction amount in future based on Tata Capital Housing Finance Limited's Prime Lending Rates(PLR), without any recourse or reference to me/us.
I/We authorize TCHFL to use authorized agents to verify the details provided in this declaration.
I/We hereby undertake that this instruction shall not be revoked or cancelled without the prior written consent of TCHFL. If any transaction is delayed or not effected for the reason of incomplete or incorrect information I/We shall not hold TCHFL responsible for such delay or failure.
I/We will also inform TCHFL about any changes in my bank account.
I/We authorize the bank to honour all such instruction. Please acknowledge receipt and confirmation of this instruction

First Account Holder's Signature *(As in Bank Records)*	
Second Account Holder's Signature *(As in Bank Records)*	
Third Account Holder's Signature *(As in Bank Records)*	

Banker's Attestation (For bank use only)

Certified that the signature of the account holder and the details of the Bank account are correct as per our records.

Name of Authorised Officer : _____

_____

(Signature of Authorised Official from Bank with Stamp and Date)

To
The Branch Manager

_____

_____

_____

Pin: _____

This is to inform that I/We hereby register for the ECS/Direct Debit Clearing and that my/our payment towards my/our installments in TCHFL shall be made from my/our below mentioned bank account with your bank.
I/We authorize you to honour such payments.
I/We also authorize the representative carrying this ECS/Direct Debit Clearing Form to get it verified & executed, if necessary.
The verification charges, if any, may be debited to my/our account.

BANK ACCOUNT NUMBER

Authorisation of the Bank Account Holder
(to be signed by the Applicant)
(To be retained by the Bank)

First Account Holder's Signature *(As in Bank Records)*	
Second Account Holder's Signature *(As in Bank Records)*	
Third Account Holder's Signature *(As in Bank Records)*	

Date: D D M M Y Y Y Y