



CUSTOMER'S AUTHORISATION TO PAY MOBILE TELEPHONE BILLS THROUGH
ELECTRONIC DEBIT CLEARANCE SCHEME

1. Customer's Name(in BLOCK letters)	:	-----																				
2. MSISDN Number (Mobile Number)	:	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
3. Customer's Account No. (Please see your bill)	:	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
4. Contact Telephone No	:	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
5. Bank Particulars	:	-----																				
(1) Bank Name	:	-----																				
(2) Branch Name & Address	:	-----																				
(3) 9 digit code of bank branch (Please attach original(cancelled) Blank cheque leaf)	:	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
(4) Account Type (A/c. should be within Kolkata clearing zone)	:	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <div style="display: flex; justify-content: space-around; width: 100%;"> Savings Current </div>																				
(5) Account Number	:	-----																				
(6) Ledger Folio No. (if appears on the cheque)	:	-----																				
(7) Name of A/c Holder	:	-----																				

I/We, hereby, declare that the particulars given above are correct and express my/our willingness to settle the payment of regular bills of mobile telephone connection referred to above through participation in E.C.S. of National Clearing Cell of Reserve Bank of India ,Calcutta and hereby authorise **Accounts Officer (CMTS),BSNL, Calcutta Telephones** to raise the debits on such regular bills for Mobile Connection as referred to above through this scheme electronically for adjustment against credit in my/our above account .I/We understand that, in the event of bank being unable to debit my/our account for any reason ,I/We will have to pay the bills directly to BSNL, Calcutta Telephones by cash ,including dishonor charges &late payment surcharge (as applicable).

I/We have given today standing instruction to my/our bank (copy enclosed)

Address of Subscriber -----

Date-----

 (Signature of customer)

 Signature of A/c Holder
 (In case name of customer
 Differs from the A/c Holder)

Join ECS. It is hassle free & safe mode of bill payment

Your A/c. Will be debited between 25th to 30th of every month. Please ensure sufficient fund is available in your a/c.

Visit us at :WWW.CALCUTTATELEPHONES.COM