

ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)

Model Letter from a User to a prospective Destination Account Holder

Date:

Dear Customer,

A new method of payment has been introduced by Reserve Bank of India which provides you an option to pay your monthly/ quarterly/ half-yearly utility bills like Internet charges etc, directly through your bank accounts. Your bank account would debited through the new payment mechanism right on the due date. You would be advised in the usual manner to pay the bill. Payment instructions would be issued by us electronically through our banker to the Clearing Authority and the Clearing Authority would supply debit reports to the bank with which you maintain the specified account. The branch will debit your account and indicate the debit entry as 'ECS' in your pass book/statement of account.

2. If you maintain more than one bank accounts, payments can be received from any of these accounts. you do not have to open any new bank account for the purpose.

3. This would be only an additional mode of payment and would be optional. You would have the right to withdraw from this mode of payment by giving an advance notice of 2 weeks. Your complaint, if any (the scope of which is very limited), would be immediately dealt with and we assure you to give a reply within 15 days.

4. If you are agreeable to participate in the new payment mechanism, you are requested to fill in the Mandate form attached herewith. The information to be supplied should be accurate complete in all respects and duly certified by your bank.

5. The information provided by you will be kept confidential and would be utilised only for the purpose of effecting the payments meant for you.

(.....)

Authorised Signatory

For Asianet Satellite Communications Ltd.

**ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)
MODEL MANDATE FORM**

User Co. Name: Asianet Satellite Communications Ltd
Scheme Name: ADL (Internet Services)
Periodicity: Monthly / Qrtly / ½ Yearly / Annual
Valid up to: Till Revoked

**CUSTOMER'S OPTION TO MAKE PAYMENTS THROUGH
DEBIT CLEARING**

Scheme name and the periodicity of payment

No. -----

1. CUSTOMER'S NAME :
2. PARTICULARS OF BANK ACCOUNT :
 - A. BANK NAME :
 - B. BRANCH NAME :
 - C. 9-DIGIT CODE NUMBER OF THE BANK & BRANCH.
APPEARING ON THE MICR CHEQUE ISSUED BY THE BANK :
(PLEASE ATTATCH THE PHOTOCOPY OF A CHEQUE
or A BLANK CANCELLED CHEQUE ISSUED BY
YOUR BANK FOR VERIFYING THE ACCURACY OF THE
CODE NUMBER)
 - D. ACCOUNT TYPE (S.B ACCOUNT/ CURRENT ACCOUNT
OR CASH CREDIT) WITH CODE 10/11/13 :
 - E. LEDGER NO/ LEDGER FOLIO NO. :
 - F. ACCOUNT NUMBER (AS APPEARING ON THE
CHEQUE BOOK) :
3. DATE OF EFFECT :

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 INCOMPLETE OR INCORRECT INFORMATION, I WOULD NOT HOLD THE USER INSTITUTION RESPONSIBLE. I HAVE READ THE OPTION INVITATION LETTER AND AGREE TO DISCHARGE THE RESPONSIBILITY EXPECTED OF ME AS A PARTICIPANT UNDER THE SCHEME.

Date: (.....)
SIGNATURE OF THE INVESTOR/ CUSTOMER

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp: ()
Date: Signature of the Authorised/Official
from the Bank