

Application Form for e-Payment

No.

Date:

To

The
(The Head of the office)

.....
(Address of the office)

Subject: Payment through electronic mode.

Sir,

I/we am/are giving option for availing the facility of e-Payment. Kindly arrange to remit the amount to my/our Bank Account hereinafter. The details of my/our particulars are furnished below:

1. (a) Name of the Claimant/ Payee/Recipient:

(Capital letters)

(b) Address:

(c) Contact No. Land Line:

Mobile :

(d) E-mail:

(e) ID No.: **

Nature of ID: **

2. (a) Name of Bank:

(b) Name of Branch with Bank Branch Code:

(c) Account Type: Savings / Current / Cash Credit

(d) Bank Account No. [CBS allotted a/c. no.]:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(e) Branch IFSC [11-digits]:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(f) Branch MICR [9-digits]:

7	0	0																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

The Bank particulars furnished above is correct and true.

I/we hereby declare that I/we and my/our heirs and successors accept the liability of making good to Government the overpayment, if any, made to me/us under the scheme.

I/we hereby authorise.....Branch (name of the Branch) of the _____ Bank to receive amount on my/our behalf for credit to my/our account as stated above and further authorise that the receipt of credit given by the bank for the amount of my/our account shall be treated as legal quittance.

Yours faithfully,

(Signature of the Claimant/ Payee/Recipient)

(To be accepted by the Head of Office)

Date:

Signature of the Head of office
(Office Seal)

** N.B. ID No. & Nature of ID: ID No. (i) For individual: It should be 'Adhar Card' if available, otherwise, Voter I Card or PAN Card or any other card issued by the State Government/Central Government/ Government Autonomous Bodies/ Local Bodies (ii) For Autonomous Body/Firm/Company: Registration No. or PAN / TAN Number or Trade License.