



**ECS FORM**

To,  
Citibank Card Center  
P.O.Box 4830,  
Anna Salai P.O.  
Chennai - 600002

Dear Sir,

**RE: AUTHORISATION TO PAY CITIBANK CREDIT CARD PAYMENTS THROUGH THE ELECTRONIC DEBIT CLEARING MECHANISM**

1) Name \_\_\_\_\_

2) CITIBANK CARD  
NUMBER

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3) Particulars of Bank Account

A. Name of account Holder

B. Bank Name

C. Branch Name

D. 9 digit code number of the bank and branch appearing on the **MICR** cheque issued by the bank:

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(Please enclose a photocopy of a blank, cancelled cheque issued by your bank for verifying the accuracy of the code number)

E. Account Type  
i.e. (Saving/ current/CC account)

F. Ledger folio number  
(If appearing on the cheque book)

G. Account number  
(As appearing on the cheque book)

Date. \_\_\_\_\_

\_\_\_\_\_  
Signature of account holder

CODE: STMTINS



I, holding a Citibank Card Number \_\_\_\_\_ hereby express my unconditional consent to debit payment of my Credit card due referred to above through participation in the ECS of the National Clearing Cell of the Reserve Bank of India and hereby unconditionally authorize Citibank, N.A. to raise the debits on such regular payments as referred to above, against my Bank Account Number \_\_\_\_\_ with \_\_\_\_\_ Bank.

I hereby declare that the particulars given above are correct and complete and, if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold Citibank, N.A. responsible.

I agree and understand that my bank shall be informed of these debits as per the enclosed letter, I shall advise them of the same and I understand that the instruction cannot be withdrawn/ cancelled except with the written consent of Citibank, N.A. for the payment of the Credit Card dues.

I wish to pay (tick one of the following)

Total amount Due

Minimum amount Due

Fixed Amount each month  
(Subject to Minimum Due)

If you have chosen the option of paying a fixed amount every month, please mention below the amount that you wish to be debited every month:

In figures:

In words (Rupees \_\_\_\_\_)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of account holder

- Note: 1) This option will come into effect from the next month's payment onwards.  
2) This option will carry forward upon renewal / reissue/ swapping your Card.  
3) To cancel a draft or to change your payment options, please contact 24- Hour CitiPhone atleast 5 days before the payment due date.



To

The Branch manager

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(Please fill in complete bank address)

Dear Sir,

I hold a Citibank Credit Card and would like to avail of the Electronic Clearing facility offered by the RBI towards settlement of my monthly Credit Card Dues. This is aimed at our mutual convenience in reducing paper work.

Therefore I would request you to accept this mandate to debit my Account Number \_\_\_\_\_ with your bank branch, towards the monthly dues on my Citibank Card. These debits would be raised by Citibank every month. Please treat this as an authorization to debit my account each month.

Please also inform Citibank in case this account is closed or its status changed in any other way. I too shall inform them in case this instruction is withdrawn or the account is closed.

Thanking you for your co-operation.

Yours truly,

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Signature of account holder

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(Name of account holder)

Date \_\_\_\_\_



**NOTE:** BELOW FORMAT IS FOR PROVIDING GUIDANCE ON HOW TO FILL UP THE ECS FORM. FOR SUBMISSION TO THE BANK, PLEASE USE THE ABOVE BLANK FORM.

### ECS FORMAT

To,  
Citibank Card Center  
P.O.Box 4830,  
Anna Salai P.O.  
Chennai - 600002

Dear Sir,

**RE: AUTHORISATION TO PAY CITIBANK CREDIT CARD PAYMENTS THROUGH THE ELECTRONIC DEBIT CLEARING MECHANISM**

1) Name ----->

**Your Name (as it appears on your Credit Card)**

2) CITIBANK CARD NUMBER

**Your credit card number as it appears on card / monthly statement**

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3) Particulars of Bank Account

A. Name of account Holder ----->

**Your Name (as per Bank passbook / bank statement where you hold the account)**

B. Bank Name ----->

**Name of the bank where you hold the account**

C. Branch Name ----->

**Name of the branch where account is held**

D. 9 digit code number of the bank and branch appearing on the MICR cheque issued by the bank:

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**9 digit MICR code as mentioned in cheque leaf**

(Please enclose a photocopy of a blank, cancelled cheque issued by your bank for verifying the accuracy of the code number)

E. Account Type ----->  
i.e. (Saving/ current/CC account)

**Account type as mentioned in the cheque leaf.**



F. Ledger folio number (If appearing on the cheque book) →

**Ledger folio number as per bank records**

F. Account number (As appearing on the cheque book) →

**Bank account number of the customer as appearing in Cheque leaf / pass book/**

Date. \_\_\_\_\_

\_\_\_\_\_  
Signature of account holder

CODE: STMTINS

Form 1



**Signature of the customer (to match with the signature as per the bank records from which ECS is provided by the customer)**



**Your credit card number  
as it appears on card /  
monthly statement**

I, holding a Citibank Card Number \_\_\_\_\_ hereby express my unconditional consent to debit payment of my Credit card due referred to above through participation in the ECS of the National Clearing Cell of the Reserve Bank of India and hereby unconditionally authorize Citibank, N.A. to raise the debits on such regular payments as referred to above, against my Bank Account Number \_\_\_\_\_ with \_\_\_\_\_ Bank.

**Name of the bank  
where you hold the  
account**

**Bank account number of  
the customer as appearing  
in Cheque leaf / pass**

I hereby declare that the particulars given above are correct and complete and, if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold Citibank,N.A. responsible.

I agree and understand that my bank shall be informed of these debits as per the enclosed letter, I shall advise them of the same and I understand that the instruction cannot be withdrawn/ cancelled except with the written consent of Citibank, N.A. for the payment of the Credit Card dues.

I wish to pay (tick one of the following)

Total amount Due

**Total amount due as per  
statement generated  
monthly**

Minimum amount Due

**Minimum amount due as  
per statement generated  
monthly**

Fixed Amount each month  
(Subject to Minimum Due)

**Amount fixed by customer  
which may be more than /  
less than total amount due  
or minimum amount due**

If you have chosen the option of paying a fixed amount every month, please mention below the amount that you wish to be debited every month:

In figures: ----->

**Amount in figures (fixed amount  
opted for by customer)**



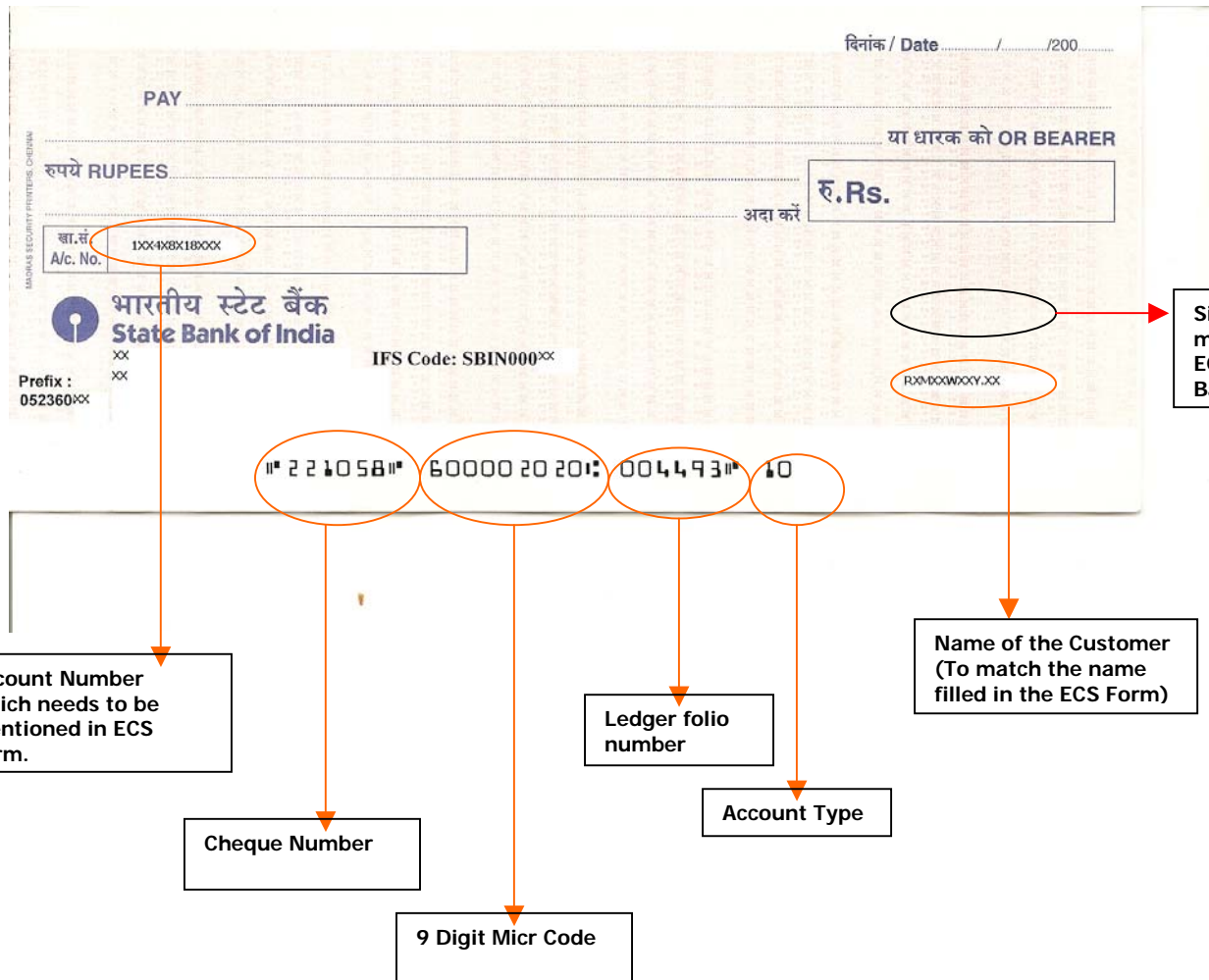
In words (Rupees \_\_\_\_\_)

**Signature of the customer (to match with the signature as per the bank records from which ECS is provided by the customer)**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of account holder

- Note: 1) This option will come into effect from the next month's payment onwards.
- 2) This option will carry forward upon renewal / reissue/ swapping your Card.
- 3) To cancel a draft or to change your payment options, please contact 24- Hour Citiphone atleast 5 days before the payment due date.



**Note:** In case of Joint accounts where the mode of operation states that the account should be jointly operated by the account holders, the ECS mandate form too will have to be signed by all the joint holders.