HDFC BANK UMRN Date DD M M Y Y Y	Y
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CREATE MODIFY I/We hereby authorize M/s. Ved Vignan Maha Vidya Peeth A/C Project Udaan To Debit (tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Oth	er
Bank A/c number Bank A/c number	
with Bank Name of customers bank IFSC or MICR	
an Amount of rupees	
FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amou	nt
Reference 1 Phone No.	\Box
Reference 2 Email ID	\Box
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank	
PERIOD From DDMMYYYY To DDMMYYYYY Signature Primary Account holder Signature of Account holder Signature of Account holder	_
Or Until Cancelled 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records	_
 This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the user entity/Corporate to debit my account. I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/Corporate or the bank where I have authorized the delivence in the description of the above information is true and correct and that the mobile number listed above is registered my/our name(s) and /or is the numbere that I/we use in the ordinary course. I/We hereby dectare that, inspective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable law, now or subsequent to the date higher of the Bank communicating to me/us about the transactions carried out in my/our aforsaid account (s). 	lare
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Dear Sir/Madam,	
I am happy to be part of the Project of Ved Vignan Maha Vidya Peeth All contributions to be made in favour of	
*NOTE: USE OF WHITE INK, OVERWRITING OR CORRECTION NOT ALLOWED ON MANDATE "VVMVP A/c PROJECT UDAAN"	
Fill your complete details in CAPITAL LETTERS	
Name:* Address:*	
State*	
Email:*	
PAN:*	
Profession: Company name:	
80G Hard Copy Not required Place Signature Date	
FOR OFFICE USE ONLY	•••
Note: 1) Please check and verify the above filled information to ensure receipts and 80G certificates reach you. 2) This form duly filled should be sent to above mentioned address. Remarks	