GP **PARSIK** SAHAKARI BANK LTD

(Multi-State Scheduled Bank)

Kalwa, Thane- 5.

Application No. _____

Application for Transfer of Funds through RTGS / NEFT facility extended by you.

To,
The Branch Manager,

..... Branch

Remitter's / Applicant's Details

Name (in CAPITAL) : _____

Remiter's S. B. / Current / Overdraft / Cash Credit A/c. No.														

Address : _____

Mobile No. :											Telephone No. :										

Authority to Bank

I / We authorize you to debit on the strength of this authority, my / our abovementioned account with the amount of Funds transferred as per details given below and all incidental charges for the purpose.

Details of Beneficiary

Name (in CAPITAL) _____

Beneficiary's S. B./Current/Overdraft/ Cash Credit A/c. No.														

Amount to be Remitted Rs.			,			,			,				=		

(Rs. _____)

Beneficiary's Bank Name (in CAPITAL) _____

_____ Branch IFSC CODE (11 Digits)											

Tick whichever is applicable

☐ I / We declare that I /we am / are availing this facility for transfer of funds, for the first time and that I / We have personally demanded from the desk official the conditions in this regard, have read and understood them. I / We have obtained a copy thereof and that I / We undertake to abide by them.

☐ I / We declare that I / we have availed this facility in the past and that I / We am / are well aware of the conditions of transfer and that I / We undertake to abide by them.

Date Time **Applicant's Signature/s**

Acknowledgment to the customer.

Received application No. _____ **dated** _____**, at** _____ **am. / pm.**

from _____