



**Annexure- E  
(For Auto Debit Facility)**

Date: \_\_\_\_\_

To,  
BOBCARD LIMITED  
(Formerly known as BOB Financial  
Solutions Ltd.)

Sir/Madam,

**Re: Authority to Debit my SB /CA A/C against my BOBCARD no.'s (\_\_\_\_\_)  
dues.**

I have applied for BOBCARD (Type)\_\_\_\_\_ card). I irrevocably authorize  
BOBCARD Ltd. to debit my (SB/CA)\_\_\_\_\_ A/c number \_\_\_\_\_  
\_\_\_\_\_ maintained at

Bank of Baroda\_\_\_\_\_ branch having Alpha code\_\_\_\_\_ and Sol-id\_\_\_\_\_ against  
Total Amount Due  / Minimum Amount Due  / Specific Percentage %   
of monthly or any dues on credit card issued to me.

I, hereby, also confirm that I am an authorized signatory of the above stated A/c & it pertains to me.

Yours faithfully,

- Name:
- Card Number:
- Registered Mobile Number:

Signature of Card Holder: \_\_\_\_\_

We Recommend & Verify the above signature

Signature with Stamp (Bank of Baroda Authorized Signatory)

Signature No:

**Important:** To enroll into auto debit, please have this completed, duly  
verified by Bank of Baroda and email mail soft copy  
to [crm@bobcard.co.in](mailto:crm@bobcard.co.in)