



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