



Annexure- E
(For Auto Debit Facility)

Date: _____

To,
Head – Customer Service
BOBCARD LIMITED
(formerly known as BOB
Financial Solutions Ltd.)
Baroda House, 2nd Floor,
Behind Dewan Shopping Centre,
S.V.Road,
Jogeshwari (West)
Mumbai-400102.

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 Percent %

Of monthly or any dues in 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 Authorised Signatory)

Signature No: