

**EASTERN POWER DISTRIBUTION COMPANY OF ANDHRAPRADESH LTD. VISAKHAPATNAM**

Electronic Clearing Service Mandate Form (ECS)

Form No.E-5

Utility Code:

User Name :

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(Investor/Customer's option to make payments through Debit Clearing Mechanism)  
(Name of the Scheme and the periodicity of payment)

1. Investor/Customer's name :
2. Particulars of Bank account

A) Name of the Bank & Branch :

B) Bank Address :

Bank Telephone No. :

C) 9-Digit code number of the bank and branch  
Appearing on the MICR cheque issued by the bank:

D) Type of the account(S.B.(10), Current (11) or Cash Debit (13)) :

E) Account Number (as appearing of the cheque book) :

3. Electricity Service Number: Section:

4. Date of effect:

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution (APEPDCL) responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

(.....)  
Signature of the Investor/Customer

Date

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp  
Date:

(.....)  
Signature of the authorized official of the Bank

Customer Address:  
Mobile & Landline Number:  
Enclosures: 1) A cancelled cheque  
2) Xerox copy of Electricity Bill