

Place

Date

From

.....
.....
.....

TO

The Manager,

State Bank Of India/ Idukki District Co-Operative Bank

BR.....

Dear Sir,

Red:- My/Our..... Account No..... with you

I hereby authorize you to debit my above account and make remittance as per details given below

Sl.No	Particulars of remittance to be made	Amount to be remitted	Date of remittance	Periodically (Monthly)
1	Idukki District Excise Employees Co-operative Society Ltd No. I. 621 SBI A/ C No.67346240862 IFSC Code SBIN0070155 Branch : Thodupuzha Town			
2	IDCB A/C 120321202200007 IFSC Code IDUK0000032 Branch : Thodupuzha Town			

The authorization will be effective from..... to.....

SIGNATURE

Sl, No.....Diaries/Noted on.....Clerk.....Asst. Manager/Manager