








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BILLER INFORMATION

Telephone 	Name of the Company	
	Customer Name	Cust. A/c. No.
	Telephone No.	Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No *Autopay Limit (Rs.)
Electricity 	Name of the Company	
	Customer Name	Process Cycle No.
	Billint Unit No.	Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No *Autopay Limit (Rs.)
Mobile 	Name of the Company	
	Customer Name	Account No.
	Mobile No.	SMSpay <input type="checkbox"/> Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No *Autopay Limit (Rs.)
Credit Card 	Name of the Company	
	Card Holder's Name	
	Online Pay ID	Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No *Autopay Limit (Rs.)
Insurance 	Name of the Company	Policy No.
	Policy Holder's Name	Premium Amt. (Rs.)
	Date of Birth	Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas 	Name of the Company	
	Consumer Reference No.	
	Bill Group	Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No *Autopay Limit (Rs.)
Others 	Name of the Company	
	Customer Name	Cust. A/c. No.
	Telephone No.	Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No *Autopay Limit (Rs.)

***AUTOPAY LIMIT: KINDLY ENSURE THAT THE AUTOPAY LIMIT FIXED IS SUFFICIENTLY HIGH (2 TO 2.5 TIMES OF THE AVERAGE BILL AMOUNT), TO ENSURE PAYMENT IN CASE OF NORMAL VARIATIONS IN BILL AMOUNT.**

1. For Additional billers, please provide above details on a separate form, sign it and attach with the form.
2. Please provide a copy of any previous bill for each biller to enable us to verify the customer account details.
3. For Autopay instructions, the debit to your account may take place upto four working days prior to due date, to ensure payment to the Biller by the due date. Please ensure that your bank account has sufficient funds to cover the bill amount.
4. All bills above the Autopay limit, if specified, will not be paid by Bank/Service unless specifically authorised by the customer.

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ACCEPTANCE

I/ We hereby declare that the above information is correct and complete and request that a Service account be opened in the name listed at the beginning of this application. I/ We acknowledge that I/ we have read, understood and agree to abide by the Terms & Conditions of the Service (www.billdesk.com/terms.htm) that are currently in effect and as may be amended from time to time.

IMPORTANT

Your account will be activated from the next billing cycle or 20 days, whichever is later. However for the first bill received by you after registration, please call the JAN-Billpay Customer Service Desk and confirm activation of your account.

SIGNATURE

DATE & PLACE

❖ Ensure the form is complete ❖ Ensure the documents are attached ❖ Submit the form to Janakalyan Sahakari Bank Ltd.

FOR OFFICE ONLY

DSA : _____ Verified : _____ Entered : _____

Executive : _____ Checked : _____ Activated : _____