



Auto debit form-NACH/OTM Registration

UMRN

Date

Tick (✓)

Sponsor Bank Code FOR OFFICE USE

Utility Code FOR OFFICE USE

CREATE	<input type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

I/We, hereby authorize Taurus Mutual Fund

To debit (tick ✓) SB / CA /CC SB-NRE /SB-NRO /Other

Bank a/c Number:

With Bank

IFSC

or MICR

An amount of Rupees

₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

DEBIT TYPE Fixed Amount Maximum Amount

Unique ID

Phone No.

Reference 2

Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From

Signature Primary Account Holder _____

Signature of Account Holder _____

Signature of Account Holder _____

To

Or Until cancelled

1. _____ Name as in bank records

2. _____ Name as in bank records

3. _____ Name as in bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/corporate or the bank where I have authorized the debit.