

Pensioner's letter of Authority and Undertaking

To,

Date _____

Pr.CCA/CCA
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Sir,

I hereby opt to draw my Pension through a Bank Account under the direct disbursement of telecom pension by DOT through SAMPANN. I hereby authorize the bank to receive my monthly Pension on my behalf and credit the same to my account as per particulars given as follows:

- a. Name of the Bank
 - b. Branch
 - c. Account No.
 - d. IFSC Code
- 2) I hereby undertake that any amount of excess/wrong payment of pension, if credited to my Bank Account will be refunded on your instructions.
- 3) I undertake and agree to bind myself and my heirs, successors, executors and administrators to indemnify the Bank/ PDA in so crediting my pension to my account under the scheme and to forthwith refund/pay any amount due from me to the Bank/PDA and also irrevocably authorize the Bank/PDA to recover, any amount due from me by debit to my said account or any other accounts/deposits belonging to me in possession of the Bank.

Signature of Pensioner

Witnesses :-

(1) Signature :

(2) Signature :

Name :

Name :

Address :

Address :

1. Personal details:-

1. Name of the Pensioner :
2. Designation :
3. Date of retirement :
4. Address of the Pensioner :

Family Pensioners only:-

5. Relationship with deceased :
6. Name of the Family Pensioner :

2. Bank Details :-

1. Saving /Current Account No. :
2. Name of the Bank :
3. Name of the Branch :

3. (a) Certified that the Bank details (2 above) are correct. The account of pensioner and his/her signature given overleaf agrees with the specimen signature held in our records. (b) Any excess amount credited in the account of the pensioner and due/refundable to the PDA will be refunded immediately as and when called for by the PDA. Notwithstanding anything contained in this clause 3(b), the Bank and the PDA agree and understand that the obligation cost on the Bank by medium of this clause[3(b)], shall be subject to:-

i. The rights conferred and the duties imposed on the Bank by Law and/or norm and/or regulations.

Place :

Date:

Signature of the Bank Manager
(Bank Accounts Seal)

- Note – Part 1 & 2 to be filled in by the pensioner and Part 3 by Bank.

MANDATE FORM

1.	Beneficiary Name	
2.	Beneficiary/Address & Telephone No.	
3.	Beneficiary Account No.	
4.	Account type (Saving/Current for Cash Credit)	
5.	Nine digit code number of the Bank & branch appearing on the MICR Cheque issued by the bank (if available)	
6.	Bank Name	
7.	Branch Name & Address with Telephone No.	
8.	IFSC (Indian Financial Services Code)	
9.	Photo copy of the cancelled cheque to confirm correctness of IFSC code and Account No. given	

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 incompleteness or incorrectness of information given by me as above, I would not hold the user institution responsible.

Dated

(Signature of Spouse)

(Signature of the Beneficiary)

Certified that the particulars furnished above are Correct as per the record.

Bank Stamp
Dated

(Signature of the Authorised officer)