

# STANDING INSTRUCTION REQUEST/CANCELLATION FORM



Please fill in Black Ink and in CAPITAL LETTERS  
All fields marked “ \* ” are MANDATORY

Date        
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## CUSTOMER DETAILS

\*Account Number

\*Customer Name

## REQUEST DETAILS

I/We hereby request and authorize the Standing Instruction from my/our account maintained with the bank to the following effect:

Beneficiary Name

Beneficiary A/c No.  IFSC Code

Amount ₹

Amount in words

Start Date       End Date

Weekly  Fortnightly  Monthly  Quarterly  Quarterly Half Yearly  Yearly

## CANCELLATION DETAILS

I/We hereby request you to cancel my/our Standing Instruction from my/our account maintained with the bank to the following effect.

Beneficiary Name

Beneficiary A/c No.  Amount (Fixed) ₹

Amount in words

Date of Debit

## DECLARATION & SIGNATURE(S)

I/We declare that the particulars given herein are correct and complete. If any debit transaction is delayed or not effected for reasons of incomplete or incorrect information, I/We shall not hold your bank responsible. I/We authorize you to debit my/our account towards such charges as may be determined by you for the service. I/We further agree and confirm to unconditionally indemnify and keep indemnified IDFC Bank Limited from any actions, claims, demands or liability by/towards any third party which may arise on account of IDFC Bank acting pursuant to the instructions hereunder.

I/We, the undersigned, have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on website [www.idfcbank.com](http://www.idfcbank.com) as revised from time to time by IDFC Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/to be maintained/to be opened with IDFC Bank Limited.

Signature as per Account Rule

Signature

Signature

Signature

Name of First Account Holder/  
Authorised Signatory

Name of Second Account Holder/  
Authorised Signatory

Name of Third Account Holder/  
Authorised Signatory

## FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official