

ELECTRONIC PAYMENT (RTGS) REQUEST FORM  
ALL FIELDS ARE MANDATORY

VENDOR CODE : A\_\_\_\_\_

NAME OF THE ORGNISATION:

ADDRESS:

BANK NAME:

BANK A/C NO:

FIGURES

WORDS


(SHOULD NOT EXCEED 15 NUMERIC AND SHOULD NOT PREFIX OR SUFFIX WITH ALPHABETS,  
WORDS AND HYPHEN, BAR, COMMA OR FULLSTOPS.)

TYPER OF ACCOUNT:

CURRENT

☐

CASH CREDIT

☐

OTHERS SPECIFY

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BANK BRANCH MICR CODE :

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BANK BRANCH CODE:

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BANK ADDRESS

IFSC CODE: (ELEVEN DIGIT)

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I/WE HEREBY ACCEPT TO RECEIVE OUR PAYMENT THROUGH ELECTRONIC FUND  
TRANSFER SYSTEM.

NAME & SIGNATURE WITH SEAL

AUTHORISED SIGNATORY OF THE CUSTOMER

NAME & SIGNATURE WITH SEAL

BANK MANAGER