

BOB BILLPAY REGISTRATION FORM



1

CUSTOMER INFORMATION

Name: _____ Date of Birth: DD / MM / YYYY
 (Mr./Mrs./Ms./Dr./M/s) (First) (Middle) (Last)

Address _____ Tel. (Day): _____

_____ Tel. (Eve): _____

City: _____ Pin Code: _____ Mobile: _____

E-Mail Address* _____ @ _____

* This is also your login ID for using the "view & pay" Bill Payment facility available at www.billdesk.com

2

BANK ACCOUNT DETAILS

First/Sole Account Holder _____

Second Account Holder _____ Third Account Holder _____

BOB Branch Name & City _____

A/c. No. _____ MICR CODE 0 1 2

A/C. TYPE Savings Current O/D A/C. OPERATION Single Joint Either or Survivor

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DECLARATION

I/We hereby declare that the particulars given in this form are correct and complete. I/We hereby authorize the Service to debit my/our Bank account as detailed above and I/We undertake to keep my/our account funded sufficiently to meet the obligations. This mandate is applicable for recovery of payment of bills/other payments made through use of the Service. If transactions are delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold the Bank/Service responsible. The authority shall continue to be in force with immediate effect until I/We revoke it by instructions delivered to the Bank/Service in writing.

FIRST ACCOUNT HOLDER

SECOND ACCOUNT HOLDER

THIRD ACCOUNT HOLDER

* Please affix a rubber stamp in case of companies, proprietorships, partnerships, etc.

* Please attach the photocopy of a cheque or a blank cancelled cheque of the bank account you wish to make payments from.
 + Service provided and managed by BillDesk, the Bill Payment Service of M/s Indialdeas.com Ltd., on behalf of Bank of Baroda.

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CERTIFICATION BY ACCOUNT HOLDERS' BANK

Certified that the particulars furnished above are correct as per our records and we have noted the instructions

MICR 0 1 2

AUTHORISED SIGNATORY _____

DATE

BANK'S STAMP _____

BOB BillPay Resgistration Acknowledgement

Received a BOB BillPay Registration form from

Mr./Ms./Messers' _____

Branch _____ A/c No. _____



Subject to Terms & Conditions
 Customer Service Nos. Overleaf

BOB BILLPAY REGISTRATION FORM

बैंक ऑफ बड़ोदा
(भारत सरकार का उद्योग)



Bank of Baroda
(A Government of India Undertaking)

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BILLER INFORMATION

Telephone (_____) Name of Co.	Customer Name _____ Cust. A/c. No. _____ Telephone No. _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No AutoPay Limit (Rs.) _____
Electricity (_____) Name of Co.	Consumer No. _____ Process Cycle No. _____ Billing Unit No. _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No AutoPay Limit (Rs.) _____
Mobile (_____) Name of Co.	Customer Name _____ Account No. _____ Mobile No. _____ SMSpay <input type="checkbox"/> Autopay <input type="checkbox"/> AutoPay Limit (Rs.) _____
Credit Card (_____) Name of Co.	Cardholder's Name _____ Online Pay ID _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No AutoPay Limit (Rs.) _____
Insurance (_____) Name of Co.	Name _____ Premium Amt. (Rs.) _____ Policy No. _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No
Depository (_____) Name of Co.	DP ID _____ Client ID _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No AutoPay Limit (Rs.) _____
Gas (_____) Name of Co.	Consumer Reference No. _____ Bill Group _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No AutoPay Limit (Rs.) _____

1. Please provide a copy of any previous bill for each biller added to enable us to verify the customer account details. For additional billers, please provide the above details on a separate sheet, sign it and attach with the form.
2. For AutoPay instructions, the debit to customer account may take place upto five 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.

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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 be bound 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.

- Ensure form is complete
- Ensure signature is verified
- Ensure documents are attached
- Submit form to the branch

SIGNATURE _____

DATE & PLACE _____

For Agency use only

Agency: _____

Sub Agency: _____

Executive: _____

For Office use only

Verified: _____ Entered: _____

Checked: _____ Activated: _____

BOB BILLPAY CUSTOMER SERVICE DESK

Ahmedabad 657 9791 ♦ Bangalore 558 5557

Chennai 710 5566 ♦ Delhi 2628 7125

Hyderabad 5533 5135 ♦ Kolkata 2242 8215

Mumbai 5692 0001 ♦ Pune 401 7272

Email: support@billdesk.com ♦ For details visit www.billdesk.com

Your account will be activated from the next billing cycle or 14 days whichever is later. However, for the first bill received by you after registration, please call the BOB BillPay Customer Service Desk in your city and confirm activation of your account.