

# Corp BillPay APPLICATION FORM

## 1 CUSTOMER INFORMATION

Name..... Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mr./Mrs/Ms/Dr./M/s) (First) (Middle) (Last) D D M M Y Y Y Y

Address ..... Tel. (Off.) : .....

..... Tel. (Res.) : .....

City : ..... Pin Code : ..... Mobile : .....

E-Mail Address\* .....@.....

\*This is also your login ID for using the "OnlinePay" Bill Payment facility available at [www.corpbank.com](http://www.corpbank.com)

## 2 CORPORATION BANK ACCOUNT DETAILS

First/Sole Account Holder .....

Second Account Holder ..... Third Account Holder .....

Corporation Bank Branch Name & City .....

Account No. .... MICR CODE .....

Account Type \_\_\_ Savings \_\_\_ Current \_\_\_ O/D Account. Operation \_\_\_ Single \_\_\_ Joint \_\_\_ Either or Survivor

## 3 DECLARATION

I/We hereby declare that the particulars given in this form are correct and complete. I/We hereby authorise the bank to effect the above payment from my/our account (mentioned herein) over the Internet/or by 'Auto Pay' mode under the Corp Bill Pay Services. The authority shall continue to be in force with immediate effect until I/we revoke it by instructions delivered to the Bank in writing.

I/We understand that in case of Auto Pay, the account number mentioned herein maintained at your branch will be debited automatically on presentation of the bill up to the amount specified by me till I terminate the services by giving a request to the branch in writing.

.....  
FIRST ACCOUNT HOLDER

.....  
SECOND ACCOUNT HOLDER

.....  
THIRD ACCOUNT HOLDER

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

## 4 CERTIFICATION BY ACCOUNT HOLDERS' BANK

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

MICR ..... AUTHORISED SIGNATORY .....

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
D D M M Y Y Y Y

BANK'S STAMP .....

## 5 BILLER INFORMATION

<b>Telephone</b> (.....) Name of Co.	Customer Name..... Cust. A/c. No. .... Telephone No..... Autopay Yes / No Auto Pay Limit (Rs.).....
<b>Electricity</b> (.....) Name of Co.	Consumer No..... Process Cycle No. .... Billing Unit No..... Autopay Yes / No Auto Pay Limit (Rs.).....
<b>Mobile</b> (.....) Name of Co.	Customer Name..... Account No. .... Mobile No..... SMS ____ AutoPay ____ Auto Pay Limit (Rs.).....
<b>Credit Card</b> (.....) Name of Co.	Card Holders Name ..... Online pay ID..... Autopay Yes / No Auto Pay Limit (Rs.).....
<b>Insurance</b> (.....) Name of Co.	Name..... Premium Amount (Rs.) ..... Policy No..... Autopay Yes / No
<b>Depository</b> (.....) Name of Co.	DP ID..... Client ID..... Autopay Yes / No Auto Pay Limit (Rs.).....
<b>Gas</b> (.....) Name of Co.	Consumer Reference No..... Billing Group..... Autopay Yes / No Auto Pay Limit (Rs.).....
(.....) Name of Co.	..... Autopay Yes / No Auto Pay Limit (Rs.).....
(.....) Name of Co.	..... Autopay Yes / No Auto Pay Limit (Rs.).....

**Kindly ensure that the upper limit fixed is sufficiently high (1.5 to 2 times of the average bill amount) to ensure payment in case of normal variations in bill amount.**

1. Please provide a copy of any previous bill of each biller to enable us to verify the customer account details. For additional biller information kindly use the blank rows provided. You may also use a separate sheet if the space provided is insufficient.
2. For AutoPay instructions, the debit to customer account may take place upto 5 working days prior to due date, to ensure payment to the biller before the due date. Please ensure that your bank account has sufficient funds to cover the bill.

## 6 ACCEPTANCE

I/We acknowledge that I/We have read and understood the Terms and Conditions of the Corp Bill Pay Services. I/We accept and agree to abide by the aforesaid Terms and Conditions.

Place : .....  
 Date : ..... \_\_\_\_\_  
SIGNATURE

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 Corp BillPay Customer Service Desk and confirm activation of your account.

◆ Ensure form is complete    ◆ Ensure documents are attached    ◆ Submit form to the branch  
 ----- For Office use only -----

DSA : ..... Verified : ..... Entered : .....  
 Executive:..... Checked:..... Activated : .....