



JAN-BillPay REGISTRATION FORM



1 CUSTOMER INFORMATION

Name : _____ Date of Birth ____ / ____ / ____
 (Mr./Mrs./Ms./M/s.) (First) (Middle) (Last)

Address _____

City : _____ Pin Code :

E-Mail Address * : _____ @ _____

* This is also your login ID for using the "OnlinePay" Bill Payment facility available at www.jksbl.com

Tel. (Off.) : _____
 Tel. (Res.) : _____
 Mobile : _____

2 BANK ACCOUNT DETAILS

First / Sole Account Holder _____

Second Account Holder _____ Third Account Holder _____

Janakalyan Sahakari Bank Ltd. - Branch Name _____

A/c. No. _____ MICR Code

A/c. Type Savings Current O/D C/C A/c. 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 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'S SIGNATURE

SECOND ACCOUNT HOLDER'S SIGNATURE

THIRD ACCOUNT HOLDER'S SIGNATURE

- Please affix a rubber stamp in case of companies, proprietorship, partnerships, etc.
- + Service provided and managed by BillDesk, the Bill Payment Service of M/s. Indialdeas.com Ltd., on behalf of Janakalyan Sahakari Bank Ltd.

4 CERTIFICATE

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

MICR

AUTHORISED SIGNATORY _____

DATE

BANK'S STAMP



Please tear and submit

Telephone



Name of the Company.....

Customer Name..... Cust. A/c. No.

Telephone No..... Autopay Yes No Autopay Limit (Rs.).....

Electricity



Name of the Company.....

Consumer No. Process Cycle No.

Billing Unit.....