Place : ……

Date : ……..…..

From

To

The Manager,
The Federal Bank Ltd,
Br: ……..…..

Dear Sir,

Red :- My / Our ……..…….. Account No…….. with you
I hereby authorize you to debit my above account and make remittance as per details given below.

Sl . No.	Particulars of remittance to be made	Amt. To be remitted	Date of remittance	Periodically (Mly/Qly/Hly/ Yrly
1.	The Federal Bank LTD 10050100085755 IFSC : FDRL0001837 Br : North Chalakudy St. James Hospital			

This authorization will be effective from …… to ……

Signature

Sl. No. …….. Diarised/Noted on …… Clerck……..…….. Asst. Manager/Manager