

SPECTRA DIRECT DEBIT ENROLMENT FORM

FORM A

To
 Shyam Spectra Private Limited
 (formerly Known as Citycom Networks Private Limited)
 Registered Office: A-60, Naraina Industrial Area
 Phase I, New Delhi - 110 028

Dear Sir/Ma'am,

Sub: Authorization to pay Spectra bills through the National Automated Clearing House (NACH)

Spectra Account Details:

Name _____

Spectra Customer Account Number ("CAN") ID

Registered Mobile Number

Installation Address _____

Bank Account Details:

A/C Type: Savings Current Overdraft

A/C holder's name _____

Joint A/C holder's name (if any) _____

Bank Name _____ Branch Address _____

Bank A/C Number

MICR IFSC

In continuation of the above details, please find enclosed herewith a signed cancelled cheque of the above-said account.

SERVICE ACCEPTANCE:

I, _____, do hereby declare that the information given above along with the documents (i.e. cancelled cheque, etc.) is true and correct, and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false/not true at any point in time, then Spectra shall have the right to take appropriate action against me as may be available to Spectra under the laws of India. Also, the benefit(s) availed of, by me or the benefit(s) accrued to me shall be summarily cancelled.

Further, I agree and understand that the above information furnished to Spectra is for availing the auto debit payment facility of my Spectra bill through a debit to my bank account for ECS, subject to terms and conditions.

I do hereby agree and confirm that I shall advise/inform Shyam Spectra Pvt. Ltd. (formerly known as Citycom Networks Private Limited) in case my nominated bank account is closed or any details mentioned hereinabove are modified, for any reason whatsoever.

I, therefore, undertake to unconditionally honour and irrevocably agree to pay all the charges as and when I am billed for the same by the above-mentioned bank.

Name _____ Date ____/____/____ Signature _____

FORM B

Tick (✓)	UMRN <input type="text"/>	Date <input type="text"/>
CREATE <input checked="" type="checkbox"/>	Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>
MODIFY <input type="checkbox"/>	I/We hereby authorize Shyam Spectra Private Limited	To Debit (Tick ✓) <input type="checkbox"/> SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL <input type="checkbox"/>	Bank A/C Number <input type="text"/>	

with Bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY (Tick ✓) Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE (Tick ✓) Fixed Amount Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From <input type="text"/> To <input type="text"/> or <input checked="" type="checkbox"/> Until Cancelled	Signature Primary Account Holder _____ 1 Name as in Bank records	Signature of Account Holder _____ 2 Name as in Bank records	Signature of Account Holder _____ 3 Name as in Bank records
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• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/corporate to debit my account based on the instruction as agreed and signed by me.
 • I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.

Terms and conditions:

1. The applicant declares that the particulars given in the said form (i.e. Form-B) are true, complete and accurate. If any transaction is delayed or cannot be executed for the reasons of incomplete/incorrect information, Spectra shall not be liable for any loss/damage/inconvenience arising out of the same. Spectra reserves the right to reject any enrolment request.
2. In case, any information given to Spectra is proved false/not true at any point in time, then Spectra shall have the right to take appropriate action as may be available to Spectra under the laws of India. Also, the benefit(s) availed of, by the Applicant or the benefits accrued to the Applicant shall be summarily cancelled.
3. The applicant undertakes that the payment instruction shall not be revoked, withdrawn or cancelled without prior written intimation of 30 days and a due consent from Spectra. In the event that service charges cannot be debited from the provided account number, for reasons whatsoever, the applicant undertakes to immediately remit the due amount to Spectra failing which Spectra reserves the right to levy late payment fees and/or suspend services as per the terms and conditions of the agreement executed with the applicant.
4. The applicant authorizes Spectra and its authorized representative(s) to verify the information furnished/filled in the accompanying form.
5. The applicant's account will be debited on or before the bill due date and applicant shall keep sufficient balance for successful clearance under mandate on or prior to the due date of the invoice raised by Spectra.
6. The cancellation of auto-debit will be done within 2 working days after receiving a prior written intimation from the Applicant. However, Spectra will not be able to stop auto debit for any bill that is due in the next 7 working days as that would have already been processed.
7. Upon receiving a request from the applicant, the Activation of auto-debit will be done within 2 working days. However, for any bill that is due within the next seven working days will not be processed/debited through this channel, you are advised to make the payment through any other alternative channel.
8. Spectra shall not be liable for any failure to debit due amounts or any liability associated with the standing instructions issued herein. Spectra shall not be liable for any charges or penalties imposed by the card issuer entity/bank on the applicant for any transactions (including failed transactions). A failure by Spectra to debit due amounts does not release the applicant from its obligation to pay.
9. The applicant agrees to indemnify Spectra, its director, affiliates, authorized representatives, employee(s) from any and/or all the losses, damages, claims (including any third-party claim) arising from applicant's acts or omissions including misrepresentations, fraud or failure to provide accurate information.
10. These terms and condition are in addition to and without prejudice to the Terms and Conditions contained in the Customer Agreement Form (CAF) and Service Level Agreement (SLA), if any and accepted by the Customer.
11. Any and all the disputes are subject to the exclusive jurisdiction of the courts at New Delhi, India.



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HOW TO FILL FORM B

Name of the Bank where your A/C is maintained

Your Bank Account Type

Your complete Bank Account No. as mentioned in the cheque leaf

IFSC Code or MICR (Mention Anyone) of the Branch where your Bank A/C is maintained

Mandate Date DDMMYYYY

FORM B

Tick (✓)	UMRN	Date
CREATE ✓	Sponsor Bank Code	Utility Code
MODIFY	I/We hereby authorize Shyam Spectra Private Limited	To Debit (Tick ✓) SB/CA/CC/SB-NRE/SB-NRO/Other
CANCEL	Bank A/C Number	
with Bank	IFSC	or MICR
an amount of Rupees		₹
FREQUENCY (Tick ✓) <input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H-Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE (Tick ✓) Fixed Amount <input type="checkbox"/> Maximum Amount <input checked="" type="checkbox"/>	
Reference 1	Phone No.	
Reference 2	Email ID	

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD	
From	DDMMYYYY
To	DDMMYYYY
or	<input checked="" type="checkbox"/> Until Cancelled

Signature Prim Account Holder → Signature of Account Holder Signature of Account Holder

1 Name as in bank records 2 Name as in Bank records 3 Name as in Bank records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/corporate to debit my account based on the instruction as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.



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Reference 1:
Primary Unique Identifier
i.e. spectra's CAN ID.

Reference 2:
Second Unique Identifier
i.e. spectra's registered mobile no.

The maximum amount that is
to be debited in words and figure
(should be the same)

Name & Signature of
Primary/Joint Managed
A/C Holders. (account holders &
Signatures should match as in
case of presenting a cheque)

Phone No. can be registered
spectra no. or any other mobile no.
(For notification purpose)

Your email ID

To be Filled by Customer



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