

Application for NACH Mandate Cancel / Stop

Date : / /

To,
The Manager,
Bhagini Nivedita Sahakar Bank Ltd., Pune

Subject :- NACH Mandate Cancel / Stop request

I / We _____ have my / our Current / Savings account No. _____ with your _____ Branch. I / We request you to Cancel / Stop following NACH Mandate given for my / our above mentioned account.

Sr. No.	Account No.	Credit A/C Name	UMRN	Amount Rs.

Thanks & Regards,

Yours faithfully,

(_____)

(_____)

Name and Signature of 1st Account Holder

Name and Signature of 2nd Account Holder