



TRUST-GROWTH

KANAKA MAHALAKSHMI CO-OPERATIVE BANK LTD.

AKKAYYAPALEM, VISAKHAPATNAM - 530 016.

Ph.: 0891-2576433, Fax : 0891-2576422

Application cum Debit Authority for RTGS / NEFT / IMPS Transfer

Branch : _____

Date : _____

S.No. : _____

◆ Minimum value of RTGS transaction is Rs. 2 Lakhs

◆ Maximum value of IMPS transaction is Rs. 2 Lakhs

Payment Type ☐ RTGS ☐ NEFT ☐ IMPS

1	Name of the remitter	
2	Account No.	Cheque No. :
3.	Mobile No. :	

Please furnish the credit instruction details below.

1	IFSC No.	
2	Bank	
3.	Branch	
4.	Beneficiary's Name	
5.	Please give beneficiary's Full Account Number	
6.	Type of Account	SB / CA / CC / OD
7.	Date :	
8.	Amount of remittance (Rs.)	
9.	Bank Charges (Rs.)	
10.	Total Amount (Rs.) (In figures)	
11.	Total Amount (Rs.) (In words)	

RTGS/NEFT/IMPS will be executed solely on the basis of Beneficiary's account number(s) provided.
Beneficiary's name will not be validated for processing credit instructions.

Remit the amount(s) as per above details by debiting my/our account for the above mentioned amount(s).

We confirm the terms of remittance.

(Signature of the applicant/Remitter)

FOR BANKS USE ONLY

Signature verified and authorised by		Bank outward reference No.	
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Acknowledgement Form

Payment Type ☐ RTGS ☐ NEFT ☐ IMPS

Date :	IFSC No. :	A/C No. :
Cheque No./Name of Beneficiary		Name :
Total amount remitted (In figures)	Rs.	In words :
Bank outward reference No. :		

Signature of the Branch Manager