ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) MANDATE FORM

	For Claim under Policy No																								
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3.	PARTICULARS OF BANK ACCOUNT A. BANK NAME																								
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[D.	D. 9 DIGIT CODE NUMBER OF THE BANK & BRANCH APPEARING ON THE MICR CHEQUE ISSUED BY THE BANK																							
L	-	E. ACCOUNT TYPE (SAVINGS ACCOUNT/ CURRENT ACCOUNT)																							
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ſ	F.	F. ACCOUNT NUMBER (AS APPEARING ON THE CHEQUE BOOK)																							
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By submission of the above, I authorize M/s Vidal Health TPA Pvt. Ltd., formerly TTK Healthcare TPA Pvt. Ltd. / the Insurance Company to settle the claim under reference through direct payment by ECS. I hereby declare & confirm that the particulars given above are correct and complete. I agree that I shall not hold the TPA/ Insurance Company responsible for delay or non-receipt of payment for any reason whatsoever after issue of instructions for transfer of payment by Insurer/ TPA based on the above.

Date: Place: