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	UMRN					F	or Office	Use on	ıly						Da	te	D D N	M	YY	ΥΥ
□ CREATE	Sponsor Bank Code								Utility	Code				For	Office Use on	ıly				
MODIFY CANCEL	I/We hereby authorize	oy authorize Invesco Mutual Fund							To debit (✔)		☐ SB	☐ CA	CA CC	SB-NRE	□ SB-	B-NRO 🗌 Oth		ners		
CANCLL	Bank Account No.																			
with Bank		Name of	customers	bank				IFSC						C	r MICR					
an amount of Rupees					In W	ords								₹ In Figu	ures					
Frequency:	→ Monthly × Qt	uarterly	× Half	Yearly	×	Yearly	\checkmark	As & v	vhen pre	sented		De	ebit Type :	- ×-	Fixed Amount	⊢	1	Maxi	mum Am	ount
Folio No.										Phone										
PAN										E-mail										
	l agree for the debit of manda	te processing	ı charges by	the bank	whom I ar	m authorizi	ng to debi	it my ac	count as		t schedu	ıle of charg	es of the ba	nk.						
PERIOD	×									per lates					Sig	nature	of Bank A	ccount	Holder	
PERIOD From D D M	M Y Y Y Y		g charges by re of Primar				ng to debi			per lates		lle of charg		nk.	Sig	nature	of Bank A	ccount	Holder	
PERIOD From D D M To D D M	×									per lates					Sig	nature	of Bank A	ccount	Holder	

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