

The Aurangabad District Central Co-op. Bank Ltd. Aurangabad.

Dr. Rajendra Prasad Marg, Adalat Road, Aurangabad. 431001

ATM/Debit Card Helpline No.: 8268154054 (24x7 days)



ATM CARD APPLICATION FORM

Application Serial No.: 345304
The Branch Manager, The Aurangabad District Central Co-op. Bank Ltd. Aurangabad.
Branch :
Branch : SoL ID :
Dear Sir,
I/we wish to apply for RUPAY DEBIT CARD My / Our Personal and account details are as under
1. Title : Mr. / Mrs. / Ms. / M/s.
2. Name of the Customer (CAPITAL WORD)
First Middle Name
Surname
3. Card Display Name (as to be embossed on the card)
4. Date of Birth
(DD MM YYYY)
5. Residential Address
City / Taluka
6. Tel. No (with STD Code) Mobile No. :

7. Account type: SB / CA / CC / SB KCC	
8. Account No.	
9. PAN / GIR No.	
10. AADHAR No. (Optional)	
11. Declaration	
time to time, without any prejudice to above, I	correct. I / We authorize Bank to debit my / our Account for all and also to recover the Bank's charges / fees as applicable from I / We accept the Bank's lien on my / our all deposits, present and / We undertake to maintain sufficient fund, excluding the minimum nt.
I / We accept full responsibility for my / our R Aurangabad District Central Co-op. Bank resp	RUPAY DEBIT CARD and agree not to make claims against. The ect thereto.
(*In case of joint a/c, all holders should sign	(* Signature of the Customer)
Card will be is single name)	
	led by the Issuing Branch)
The Details mentioned in the application form i account is verified and correct. Branch recomm	ncluding signatures of the applicant and mode of operation of the nended Rupay Debit Card to the applicant customer/s.
Application Received Date :	Application uploaded Date:
ATM Card Issued Date & Ref. :	
Pin Mailer Issued Date & Ref. :	Entered By Verified By

(Clark / Cashier)

(Branch Manager)