

AUTHORISATION LETTER
FOR E-PAYMENT/ELECTRONIC FUNDS TRANSFER (EFT/RTGS)
PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY

ANNEXURE-D
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TYPE OF REQUEST (Tick One) ☐ CREATE ☐ CHANGE

BHEL Vendor/ Supplier Code

Company's Name

Address

City

Pincode

State

Contact Person(S)

Telephone NO.

FAX. No.

e-mail id

1. Bank Name

2. Bank Address

3. Bank Telephone No.

4. Bank Account No.

5. Account Type.

6. Bank's Branch Code

7. Bank Swift Code

(aplicable to EFT only)

8. Enclose blank cancelled cheque

DECLARATION

1. I as representative/Owner of the above named company, hereby authorize BHEL CFFP, Ranipur, Haridwar to electronically make payments to the designated bank account. I hereby certify that the particulars given above are true, complete and correct.

(2) If the transsation is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold BHEL/transfereing Bank responsible.

3. This authority remains in full force untill BHEL, CFFP, Ranipur, Haridwar receives & acknowledge written notification requesting a change or cancellation.

4. I have read the contents of the covering letter and agree to discharge the responsibilty expected of me as a participant under E-payment/EFT/RTGS.

Date:

Authorized Signatory

Designation

Company Seal

Verification By Bank