Society for Poor People Development (SPPD)

SUPPORTER ENROLLMENT FORM

Creating a safer world for underprivileged, rural children.

Address : SPPD, 1/76-A, Thuraiyur Main Road, Soriyampatti,
M.Pudupatti (PO), Musiri (Tk), Trichy (Dt.), Pin 621 211
Website : www.sppdonline.org Email : friends.sppd@gmail.com Telephone : **99655-81976**

001

Title **Mr./Mrs./Ms.** **(USE CAPITAL LETTERS ONLY)**

Name

Address

City **Pincode**

Resi. Phone No. **Mobile**

Office Phone No. **Extn.**

Email 1

Email 2

Date of birth

Organisation _____ **Designation**_____ **Industry** _____

YES ! I want to help SPPD make a difference. I wish to donate : ☐ **Rs.200** ☐ **Rs.300** ☐ **Rs.500**

Amount _____ **per month.**

Frequency _____ **Debit Amount Rs.**_____

Bank Debit **MICR Code** **ECS Mandate form to be filled**

Signature _____

(1) I declare that the particulars given above are true, correct and complete, if any transaction is delayed or not affected at all for the reasons of incomplete or incorrect information, I shall not hold Society for Poor People Development responsible for any loss/damage/inconvenience arising out of the same. (2) If there is any change in donation amount or frequency, the same will be communicated by letter, fax, or email. (3) I, being a supporter, understand that Society for Poor People Development would get in touch with me at regular interval via electronic media or letters. (4) I also understand that I can withdraw from this commitment whenever I wish, all I have to do is inform Society for Poor People Development in writing through email, letter or fax to stop debiting my account. (5) Donations to Society for Poor People Development are eligible for exemption u/s 80G of Income Tax Act. 1961. I understand that Society for Poor People Development will send a consolidated receipt and tax exemption certificate at the end of the financial year.

Refer a friend for SPPD – Name _____

Tel. No. :_____ **Sign** _____ **Recruit Date** _____

FOR OFFICE USE ONLY

Location _____

THANKYOU FOR SUPPORTING SPPD

MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS

To,
The Branch Head,
_____Bank **USER CODE** Place _____
_____Branch **6009488** Date _____

Dear Sir / Madam,

Reg. : My / our Savings Bank / Current A/c No.:_____ with you.

This is to inform you that I/we have registered with Society for Poor People Development to avail of the Electronic Clearing for making Monthly/Quarterly/Half year/Annual _____ Contribution of Rs. _____ (in words_____ only) payable to Society for Poor People Development.

Such contributions will be made from my/our savings/current a/c no. _____ with you and the payment instructions will be routed to you through the Electronic Clearing Service (ECS) run by Reserve Bank of India/State Bank of India)

I / We authorize the bank to honour all such payment instructions raised by the user company/organisation/beneficiary commencing from _____ and I/we fully indemnify the bank, its officials and its agents all actions, claims, demands, losses, proceedings, damages, costs, charges, etc. which the bank may incur, sustain, suffer or likely to suffer for all such amounts debited to my/our accounts mentioned above. I/we undertake to take up and settle all disputes, claims, refunds, etc. arising out of such debits directly with the user company/organisation/beneficiary. Withdrawal from or modification to the terms of ECS facility will be done by me/us by issuing notice to the user company/organisation/beneficiary to stop raising further payment instructions effective from the date mentioned in such instructions and the bank will not be held responsible for any payment instructions raised by the user company/organisation/beneficiary and the amount debited to my/our account, till the user company/organisation/beneficiary accepts the notice of termination and acts upon it.

Yours faithfully,

Signature of Account holder(s) Duplicate Signature of Account Holder(s)

Name (s) _____

Address _____

_____

Contact No. _____

Note : (1) This mandate is to be signed singly / jointly, as per instruction for the operation of the account.
(2) All the particulars are to be filled-in correctly and legibly.

Signature verified by _____

Stamp & Signature _____