

BillPay Registration Form



These fields are to be filled compulsarily.

Personal Details
Full Name
FIRST NAME MIDDLE NAME SURNAME
AOD No . (If attached with account opening form)
Customer ID No.
Debit / ATM Card No.
Primary Account No.
Account Type: Saving Current Please note that the Primary Account number will be accessed while paying your bills using the BillPay facility
Filling in the following details will enable you to avail the BillPay facility. You can pay for 5 different bills under Electricity / Others 5 under Phone Nos. (Landline + Mobile Phones combined)& 5 different Policy Nos. in case of insurance premium payments. Please use a separate form to register, if you have more than one bill of each company. Please select SHORT Name (a combination of 4 alphabets or number of your choice) which will appear on the ATM / NetBanking screen when the bill details are displayed to help you identify the bills while paying.
■ These details are available on your bill copy. In case you wish to leave these fields blank, please attach a copy of your bill.
Phone
Telephone Companies
Name of the Co.
Short Name for the Co.
Consumer / Account No.
(as provided by the Telephone Co.)
Telephone No. attached
Exchange Code
Name in which Telephone is registered
Mobile Phone
Name of Co.
Short Name for Co.
Consumer / Account No.
(As provided by the Mobile Companies) attached
Mobile Phone No.
Name in which Mobile Number is registered
Life Insurance Cos.
BillPay is available only in NetBanking for Insurance Cos.
Name of Co. City
Short Name for the Co. Policy No.
(As provided by Insurance Co.)
Client ID Bill copy Brownium Amount Payable
• P P
Name of Policy Holder
Premium Frequency Quarterly ☐ / Half Yearly ☐ / Yearly ☐ Email ID* ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Date of Birth of Policy Holder** D

Electricity / Others
Name of Co. City Bill copy (As provided by the Electricity Co.) Cycle No. (if applicable) Billing Unit No. (if applicable)
Mahanagar Gas Ltd. Short Name for the Co. Account No. Bill copy attached
Others Name of Co. City Short Name for the Co. Bill copy Ref Field # 1 attached
Declaration
I have read and understood the Terms & Conditions (a copy of which I am in possession of) relating to opening of an account and various services including but not limited to (a) ATM (b) PhoneBanking (c) Debit Cards (d)NetBanking (e) BillPay Facility. I accept and agree to be bound by the said Terms and Conditions including those excluding / limiting the Bank's liability. I understand that the Bank may, discontinue any of the service completely or partially by notifying me through its website on through any legally recognised medium of communication giving a minimum notice of 30 days. I agree that the Bank may debit my account for service charges as applicable from time to time.
Signature
For Bank use only
Branch Signature verified by
Account No. verified by LC Code LG Code