

Issue No.: V 1.0

Issue Date: 20th May 2019

Revision Date:

AUTHORIZATION FOR CREDIT CARD REPAYMENT

Date: DD / MM / 20YY

То
The Branch Manager
I hereby authorize your bank to kindly debit my/our Savings/Current Account No.
as and when my/our credit card accounts have any
outstanding amount and in order to meet all the expenses that I /we have incurred using the
VISA international credit card(s) issued by your bank. This authorization will be valid until
further intimation from me/us.
Supplementary Cardholder's Name (if any):
Primary Cardholder's Signature:
Primary Cardholder's Name:
Address:
Address.