Date:

Ref No.:

To,

Digital Banking Department

National Co-operative Bank Limited

Pulchowk, Lalitpur

Subject: Authorization to Debit Account for NCBL QR Service

Dear Sir/Madam,

This letter is to acknowledge that you are hereby authorized to debit our account number 000-00-00000-0 in the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-operative Ltd. maintained at NCBL \_\_\_\_\_\_\_\_\_\_ branch for facilitating settlement of QR transaction reversals.

Note:

1. This debit authority shall be valid for the duration of the QR agreement with NCBL.
2. In the event of closure and change of specified account number, this debit authority shall be transferrable to the changed account.
3. We shall notify if any changes in authorized signatories occur. However, this debit authority shall remain valid until such notice.

Authorized Signatories

|  |  |  |
| --- | --- | --- |
| ……………………………Name:Designation: | ……………………………Name:Designation: | ……………………………Name:Designation: |
|  |  | ……………………………Official Stamp |