

RTGS Payment Instruction Form

Applicant Name	_____
Account Number	_____
Beneficiary Name	_____
Beneficiary Account Number	_____
Beneficiary Bank Name	_____
Beneficiary Bank Branch	_____
IFSC Code	_____
Amount (in Figures)	_____
Amount (in Words)	_____
Purpose of Remittance	_____

Declaration

I/We hereby authorize the Bank to debit my/our above account and remit the amount as per the details filled above through RTGS. I/We confirm that the above account details are correct and the bank will not be held responsible for any incorrect information.

Signature of Applicant	_____
Date	_____

Important Notes:

- Ensure all beneficiary details and IFSC code are accurate to avoid transaction failure or funds misdirection.
- RTGS payments are generally irrevocable once processed.
- This form is to be filled in capital letters and signed by the account holder.
- Check with your bank for cut-off time for RTGS transactions.
- Attach a copy of your identity proof if required by the bank.