

Biller Type	Pay Bill	AutoPay	Delete
Visa Credit Card Payment <input type="checkbox"/> Visa Credit Card *Biller Short name <input type="text"/> Visa Card No. <input type="text"/> Beneficiary Name _____ Senders Name _____	Amount (Rs.) _____	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly Amount (Rs.) _____ Start Date <input type="text"/> End Date <input type="text"/>	<input type="checkbox"/> Biller <input type="checkbox"/> AutoPay <input type="checkbox"/> Scheduled Payment
Others Name of the Company _____ *Biller Short name <input type="text"/> Biller Identifier 1 _____ Biller Identifier 2 _____ Biller Identifier 3 _____	Amount (Rs.) _____	<input type="checkbox"/> Entire Bill Or <input type="checkbox"/> Pay Limit (Rs.) _____	<input type="checkbox"/> Biller <input type="checkbox"/> AutoPay <input type="checkbox"/> Scheduled Payment
RECHARGE <input type="checkbox"/> Prepaid Mobile <input type="checkbox"/> Direct - To - Home (DTH) Operator Name _____ ** Mobile No: _____ DTH Subscriber No: _____ Amount : (Rs.) _____		<input type="checkbox"/> Add this to my quick Recharge biller list ##Nick Name <input type="text"/>	<input type="checkbox"/> Biller

* Biller short name should be unique for each biller and should not be more than 6 characters
 # This Account will be debited incase of Pay Bill / AutoPay / Recharge
 ** Mobile No. Field is mandatory incase of DTH, alert will be sent on the mobile no. mentioned.
 ## Nick Name field is mandatory incase of adding a biller.

Declaration

I have read and understood the Terms and Conditions relating to Kotak BillPay on www.kotak.com. I accept and agree to be bound by the said Terms and Conditions. I understand that the Bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me. I agree that in case of Payment of Bill and AutoPay the account number mentioned in this form will be debited automatically. Instructions provided in this form will automatically add the specified biller if it is not an existing biller. Any instruction provided in this form for modification of information pertaining to existing billers will update the existing information of the said biller.

For PAYBILL / AUTOPAY / RECHARGE PLEASE SIGN AS PER MODE OF OPERATION

 First Account Holder

 Second Account Holder

 Third Account Holder

For Branch Use only

Applicants Signature Verified: Yes No Employee Code: _____

Employee Name: _____

Sign: _____



Kotak Mahindra Bank

ACKNOWLEDGEMENT

_____ Branch Date: _____

Transaction Reference No. _____ (For Pay Bill only)

ADD BILLER DELETE BILLER PAY BILL VISA CREDIT CARD PAYMENT
 ENABLE AUTOPAY DELETE AUTOPAY DELETE SCHEDULED PAYMENT RECHARGE

Customer Name CRN

Account No.

Authorized Signatory

Branch Stamp