## **Customer Request Form for Bill Payments**



Mizuho Bai	nk, Ltd									-	V	1/2	4	-	_	
Branch: Date (DD/MM	/YYYY):															
Applicant/ Re	mitter Name															
Type of Bill Pa	yment															
Purpose																
Name of Biller	r															
Total	In Figures															
Amount	In Words															
Recover Bill ar commission fr		Debit my/our Account Number				1				- 1						
correct. In case of bi Bank reques Soft copy of	ment is processed b Ils related to Fetch a sts you to kindly prov "txt' file is required	y the Bank based on Biller Account and Pay, processing will be done or vide details of Bill Payments in a "tx I to enable Bank process the paym vide separate Application/.txt file	n T+1 t'' file ent.	basi e soft	s (ne:	xt wo	orking rell as	day har	y afto	er re py- a	ceivi	ng t	he ap	plica	tion	ı).
held with you payment. The out of any a computer sy or force maje. I/We request details. I/We day. The barno objection liable for the I/We shall transmission after it is transmission after it is transmished by	our Bank. The Bank we be Bank shall not be action taken in good ystem, computer ne ieure. It you to execute rele understand that a nk shall have no liabe in your using othe e same. It be bound by this in and/or settlement ansmitted. It o indemnify and say me/us against any	Ltd ("Bank") transferring the funds vill log on to the 'Internet Banking responsible for the loss or damage faith by the Bank's staff or the matwork, telecommunication networ mittance in accordance with the tearly request for Utility payment realility for penalty imposed by the Ut r bank's Internet Banking facility to request and any other request and any other request. The Bank shall have no obligation we harmless and keep indemnified loss or damage caused or expense as placed on the Bank's website from	Facilities, if a a self-time self-ti	ty' pr ny, th' ction any o and c d afte ervic ke th ny m act u 3ank	ovide nat m ing o other onditier the e pro is pa nodifi pon a in res	ed by ay be r bre equip cions e cut vvider yymer icatio any ir	the percause akdoromen of Recoff tires for an almostructure of an arctical contraction of a	oarti sed f wn c t us mitt ime any d I/v tera ctior	icipa to the or cr ed ir tance will v sucl we sl ation n to a	ting se Re ash of the transfer of the re transfer of the delt of the transfer	bank emitted for the internade lay in not h canc nd/ca	ance er/B e Ba rnet tion on pay pold ellat ance	d effe enef nk's payr and a the r men the N	ct the ciary or an annent as pe next I l. I/W lizuh	e Uti r aris y otl syste r abo bank le ha no Ba  to 1 aayme ticul	ility sing her em ove king ave ank the ent

	For Bank use only				
	Sign verified	Received on			
Authorised signatory of Customer/Remitter (With Company stamp)					

Biller's nar	ne:			
S/N	Consumer Code 1	Consumer Code 2	Amt (INR)	Remarks – Max 15 characters < No special character /No space >
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
20		Total (Amount)		
		Total (Amount)		
Amount (ir	n words)			