

The Udaipur Mahila Samridhi Urban Co-op. Bank Ltd.

MOBILE BANKING FACILITY FORM

I/We request you to register my /our application for mobile banking facility.

Name of Account holder : \_\_\_\_\_  
 Account no : \_\_\_\_\_  
 Mobile no : \_\_\_\_\_  
 Authorized signature : \_\_\_\_\_  
 With Stamp \_\_\_\_\_

**Free Mobile Alerts :**

1. Renewal message : (Yes)  (No)   
 (For FD and advances)
2. Installment due : (Yes)  (No)   
 (For Loan and recurring)
3. Master change detail : (Yes)  (No)
4. system messages: (Yes)  (No)
5. Pending stock statement: (Yes)  (No)
6. FDOD/GOVT sec. expiry : (Yes)  (No)
7. Personalized message : (Yes)  (No)   
 (like birthday wish , anniversary wish)

**Paid Mobile Alerts**

1. A/c Balance Alerts : (Daily)  (Weekly)  (Monthly)
2. Standing Instructions : (Yes)  (No)
3. Debit in A/c Greater than : Rs.1  Rs. 5000  Rs.20000  Rs.50000
4. Credit in A/c Greater than : Rs.1  Rs. 5000  Rs.20000  Rs.50000
5. Debit Clearing Details : (Yes)  (No)
6. Credit Clearing Details : (Yes)  (No)
5. Transaction error messages like less balance: (Yes)  (No)
6. Return transaction detail : (Yes)  (No)
7. Charges / Interest detail: (Yes)  (No)
8. Insurance policy expiry: (Yes)  (No)
9. Stop payment confirmation: (Yes)  (No)
10. Any other Demanded SMS \_\_\_\_\_

**Cost : Changeable as per Bank policy.**

I/We will keep you inform if any changes in our said mobile no. Please debit my/our A/c for mobile facility charges.

**Authorized Signatory**