

**BANK AUTHORIZATION**

<b>Name of Payee</b>	
Address:	
District:	
PIN Code:	
State:	
Telephone Number with STD Code:	
Fax No. (if any)	
E-mail Address (if any)	
<b>Bank Details</b>	
Name of the Bank:	
Name of the Branch (full address & Telephone Numbers)	
Bank Account Number:	
Account Type:	
IFSC Code	

Please attach a cancelled CBS cheque leaf.

Signature

Name \_\_\_\_\_

Name of Publisher \_\_\_\_\_

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