

The Akola District Central Co-operative Bank Ltd., Akola

Head Office, Post Box No.8, near S.A. College, Civil Lines, Akola (Maharashtra)

(Estd.1909)

www.akoladccb.com

Positive Pay Confirmation Form

To,
The Branch Manager,
The Akola District Central Co-op Bank Ltd., Akola
Branch. _____

Date: ___/___/_____
Time:___ : ___ AM / PM

Dear Sir/Madam,

Re:- Positive Pay confirmation for cheques presented in CTS Clearing.

I _____ (Account holder's name)
having an Account Number _____
in your branch.

I hereby confirm that I have issued the following cheque/s in the captioned account with details as mentioned hereunder: -

Sr. No.	Cheque Number	Amount	Payee's Name	Cheque Date	Transaction Code

(*) 2 digits Transaction code is available on the right side of the MICR Band of the cheque.

I understand that Bank may reject any/all of the cheque/s at the time of presentment in clearing due to any mismatch in the particulars of the cheque/s with the provided inputs as above. I also confirm to maintain sufficient balance in the account to honor aforesaid cheque/s.

_____ (Seal/Signature must be tallied with the record)

_____ (Name of the signatory/signatories)

_____ (Registered mobile number)

Note — All authorized signatories/signatory as per the operational instructions in the account can provide this confirmation. Original signed form will only be accepted during the Banking hours of the Branch.

For Office Use only

Confirmation entered by _____	Date: ___ / ___ / ____ Time: ___ : ___ AM / PM	Signature of maker
Confirmation verified by _____	Date: ___ / ___ / ____ Time: ___ : ___ AM / PM	

Note: Confirmations verified up to 05.30 PM will only be processed for next clearing session. Afterward, all the confirmations will be processed for subsequent clearing session.