

To
The Chief Executive Officer
State Bank of India, Remittance Services Section
460 Park Avenue, 2nd Floor
New York NY 10022

Form ADP(C)

URN: _____

YOUR REMITTANCE SERVICES

**NOTICE FOR CANCELLATION OF AUTHORIZATION AGREEMENT FOR
DIRECT PAYMENT (ACH DEBITS)**

I am a Registered User of your remittance services. Pursuant to the Authorization Agreement for Direct Payment (ACH Debits) dated (mm/dd/yyyy) _____, I had authorized you to initiate ACH debit entries to my account indicated below:

Depository Name _____ Branch _____
(E.g. your bank name)

City _____ State _____ ZIP _____

Routing Number _____ Account Number _____

I now wish to terminate my authorization with effect from _____ (give date)[mm/dd/yyyy].

I understand that, notwithstanding my specifying the date above, this termination will go into effect only after I receive a confirmation from you that you have acted on it. It is understood that the Bank may, in its discretion, complete any transactions that are pending as of date it receives this cancellation.

Name _____ Signature _____ Date (mm/dd/yyyy) _____

Instructions: If you wish to change the authorization to another account, please submit a separate request on Form ADP.

Ver. 060403