## **UNDERTAKING BY THE PENSIONER**

	Date
то,	
The Branch Manager	
	(Bank)
	(Branch & Address)
Dear Sir,	
Payment of pension under A/C No	through your bank
me every month by credit to my account with y refund or make good any amount to which I am not to my account in excess of the amount to which undertake and agree to bind myself and my he indemnify the bank from and against any loss, surpension to my account under the scheme and to irrevocably authorize the bank to recover the amount accounts/deposits belonging to me in the possession.	not entitled or any amount which may be credited on any or would be entitled. I further hereby eirs, successor, executors and administrators to ffered or incurred by the bank in so crediting my or forthwith pay the same to the bank and also unt due by debit to my said account or any other
	Yours faithfully
	Signature
	NameAddress
Witnesses (1) Signature	(2) Signature
NameAddress	NameAddress
Date:	Date: