



STATE BANK ATM CSEB BILL PAY REGISTRATION FORM

Please register me for the SBI ATM Bill Pay service for payment of CSEB Electricity Bills over the ATM as per the details given below.

PERSONAL DETAILS

Name: _____
Address: _____
City: _____
Pin Code: _____
Mobile: _____
E-Mail ID: _____

Bank Use Only

Application No. Assigned : _____

Application Received on : _____
Application Received by : _____
Date Completion Call made on : _____
Call made by : _____
Data verification & Entry on : _____
Data entered by : _____
Application Status : Accepted / Rejected
Reasons for Rejection : _____

BILL PAID DETAILS

Fill in the following details will enable you to avail the ATM Bill Pay facility. Please use a separate form if you have more than one bill of each company. The details are available on your bill copy. Please attach a copy of your bill for verification of details.

CONSUMER No. : _____
* Please attach copy of the CSEB Bill.

DECLARATIONS

I hereby declare that the information furnished above is true & correct to the best of my knowledge.

Date : _____
Place : _____
Signature of Customer : _____