



Easy Pay Plan (EPP) Balance Transfer Application Form

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[illegible]

Cardholder's Name:

[illegible]

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Amount in Words:.....

☐ 03 ☐ 06 ☐ 09 ☐ 12 ☐ 18 ☐ 24 ☐ 30 ☐ 36**Disbursement Mode:**☐ **Through Prime Bank Account:** Account Name:[illegible]

☐ **Through Other Bank Account:** Account Title:

[illegible]

Bank Name: Branch Name.....

Routing Number:

With Regards,

.....

Cardholder's Signature

For Bank Use Only	
A. EMI Enrollment ID:	 Authorized Signature
B. T24 Entry: Tracer Number: Authorized Signature	 Authorized Signature
C. BEFTN: ☐ Yes ☐ No	 Authorized Signature