



Jhalawa	nch Manager ar Kendriya Sa	ahkari Bank Lto	d.	Date: Time:		
Dear Si	r/Madam,					
					CTS Clearing.	
1					(Name of the	Account
holder)	having an ac	ccount			(Account	Number
I hereb	y confirm tha		the follow		e/s in the captioned	
Sr. No.	Cheque Date	Amount	Payee's Name	Cheque Date	Sort Account Number	TC
(*) 2 di	gits Transact	ion code is ava	ailable on	the Right Sic	de of the MICR Ban	d.
in clea	rstand that Ba ring due to ar as above.	nk may reject ny mismatch ir	any/all of the partic	the cheque/sculars of the	s at the time of pres cheque/s with the	sentment provided
					tallied with the rec	ord)
					atory/signatories)	
			(Regi	stered mobi	le number)	