ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) MANDATE FORM

	For Claim under Policy No																									
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By submission of the above, I authorize M/s Vidal Health TPA Pvt. Ltd., formerly TTK Healthcare TPA Pvt. Ltd. / the Insurance Company to settle the claim under reference through direct payment by ECS. I hereby declare & confirm that the particulars given above are correct and complete. I agree that I shall not hold the TPA/ Insurance Company responsible for delay or non-receipt of payment for any reason whatsoever after issue of instructions for transfer of payment by Insurer/ TPA based on the above.

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