

Date: \_\_\_\_\_

APPLICATION FOR ENABLING/DISABLING INTERNATIONAL / DOMESTIC / E-COM / CONTACTLESS ON DEBIT CARD

Customer Name: \_\_\_\_\_

Customer Id: \_\_\_\_\_ Account Number: \_\_\_\_\_

Debit Card Number (Only Last 4-digit): \_\_\_\_\_

I confirm that I am a regular user of HDFC Bank Debit Card and am familiar with its terms and condition. Since I frequently use my Debit Card, I would like to **Enable/Disable** below mentioned facility for my Debit Card which is linked to above mentioned Customer id / Account number.

I would like to request for below:

Usage Type
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International	Enable	Disable
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Domestic	Enable	Disable
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Transaction Type *	ON	OFF	Transaction Limit
ATM			Rs. _____
POS			Rs. _____
ECOM			Rs. _____
Contactless			Rs. _____

**\*Please tick on Required Usage and Transaction Type**

I understand that this is being done only basis my request and I am fully aware of the risks associated with the same.

I agree and accept that the above terms and conditions shall be in addition to the Terms and Conditions shared at the time of account opening. (See overleaf for Terms and Conditions)

All requests need to be accompanied with original Photo ID proof and a self-attested copy of the same.

I am attaching a copy of (Mandatory):

Aadhar Card  
  PAN Card  
  Passport  
  Other \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date of Signing: \_\_\_\_\_

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CUSTOMER COPY		
We acknowledge receipt of your request for debit card usage modification.		
Card no.: _____ <b>XXXXXXXX</b> _____	Customer ID: _____	
Emp Id: _____	Sign: _____	Branch Code: _____
Date of Request Received: ___/___/_____		

Date: \_\_\_\_\_

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**Terms and Conditions**

- ✓ The maximum daily transaction limit cannot exceed the card limits.
- ✓ Daily ATM withdrawal limit is Maximum Rs. 2,00,000/-
- ✓ Ecom and Contactless daily limit cannot exceed the POS limit.
- ✓ Maximum daily contactless limit Rs. 20,000/- for domestic and Rs. 50,000/- for international usage.
- ✓ Single Transaction limit for contactless transaction is Rs. 5,000/-

I accept the above terms and conditions and authorize bank to make changes on my debit card as requested.

Customer Signature: \_\_\_\_\_

Date of Signing: \_\_\_\_\_

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-----For Bank use: -----

Signature and Stamp of Inputting Staff \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Stamp of Approving Staff \_\_\_\_\_ Date: \_\_\_\_\_

Branch Code \_\_\_\_\_ Branch Name \_\_\_\_\_

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