Savings Account to Salary Package Account Conversion Application

The Asst General Manager/ Chief Manager/ Branch Manager State Bank of India Branch (Code / Name),
Dear Sir,
SALARY PACKAGE ACCOUNT REQUEST FOR CONVERSION OF SB ACCOUNT TO SALARY PACKAGE ACCOUNT AND AUTO SWEEP FACILITY
I maintain a Saving Bank account with your branch (Branch code:) and the account number is I am presently employed as with (Company/Organization Name). The latest Salary
Slip/Joining Letter/ Employment Proof is enclosed for your reference. I request you to accept it for conversion of my Savings Account to Salary Package Account.
In addition I am enclosing a copy of (any one of Passport, driving license, PAN Card, Voter's Identity Card, etc. or utility bills such as telephone bill, Bank account statement, Electricity bill etc.) satisfying the KYC norms as prescribed by your Bank/ RBI.
2. In this connection I request that my existing account be converted into a
3. As regards converting my account to Salary Package Account with Auto Sweep facility: (Please tick in the appropriate box)
a. I do not wish to avail of this facility OR
b. I request you to convert my savings account into a
I request you to set up auto-sweep facility in the said account, should the balance in my account exceed Rs.Rs.35,000/- or above) as at the end of the day (please tick)
On weekly basis, each day (e.g. Monday or Tuesday oretc), every week. OR
On monthly basis (e.g. 1 st or 2 nd or 3 rd or etc) of every month beginning from (dd/mm/yy)
I authorise you to transfer the excess amount to a Multi Option Deposit (TD/STD) (please tick) for a period of month/ year(s). I understand that this auto sweep will be done for a minimum amount of Rs.10,000/- and in multiples of Rs.1,000/- at any one instance. Further, under the reverse sweep facility for breaking of Multi Option Deposit, I authorise you to break the Multi Option Deposit by following the principle of (please tick) "Last in First Out" OR "First in First Out".
I confirm that I have read and understood the Terms and Conditions of
Yours faithfully,
(Signature) Name: Address Date Place: