

# Direct Debit Application Form

Account Name: \_\_\_\_\_ WestStar / WestTel Account Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I confirm that I wish to use the monthly Direct Debit facility to settle my WestStar / WestTel bill. This letter gives authority for you to charge my bank account as stated; with the total amount of my bill.**

To the Bank Manager of \_\_\_\_\_ PO Box \_\_\_\_\_

This is an instruction to pay Direct Debits at the request of WestStar TV and WestTel Limited from the following

Bank Account Number: \_\_\_\_\_ (Please specify US\$ or CI\$)

“I hereby agree, indemnify and relieve the Bank stated above from and against any liability which may be incurred by the Bank in the event that a dispute arises concerning the correctness of any bill paid during the course of providing the Direct Debit for WestStar TV and WestTel Limited unless such liability arises because losses suffered by me as a result of the fraud or willful wrongdoing of the Bank, its employees or its agents.” **I will inform the Bank in writing if I wish to cancel the instructions.**

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