

# Brain Telecommunication Ltd.

## Direct Debit Facility

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

Please tick your option for Direct Debit facility:

Brain TEL       Internet       Domain       Other \_\_\_\_\_

Dear Sir,

I \_\_\_\_\_ refer to the direct debit facility introduced by Brain Telecommunication Ltd in association with MCB/Bank Alfalah & SCBPL for payments of my bills through direct debit to my credit card, and hereby consent and agree to participate in the said facility.

Brain TEL Number: \_\_\_\_\_ Internet/Email Account ID: \_\_\_\_\_

Domain Name: \_\_\_\_\_

CNIC / Passport: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Hold a valid:              Visa                            MasterCard:     

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiry: \_\_\_\_\_ / \_\_\_\_\_

and I am not default of any payment due in my respect of the credit card.

I hereby authorize Brain Telecommunication Limited ("Brain") to debit all amounts payable by me to Brain for bills generated on an interim or monthly basis, 7 (seven) days after the date of the bill, directly to my credit or debit card to receive the payments through such direct debit in satisfaction of the amounts billed to my subscribed account. I confirm that the authorized credit limit for my credit card exceed the credit limit allowed by Brain for my subscription amount.

I hereby confirm that the arrangement stipulated in this letter and the Direct Debit Agreement annexed herewith shall remain in force until such time it is revoked by me by written notice of one month duration. The revocation of this agreement shall become effective one month after the date of notice, and any debits to my credit card during the one month notice period shall be binding on me.

Brain is hereby further irrevocably authorized and empowered by me to debit the credit card with any amount that may be payable by me to Brain during / after a month in case my credit limit has been hit to avoid blocking of service, without any reference to, or a requirement of any further authority from me.

I hereby further accept that in case any debit instructions by Brain/Citibank are declined by my credit card issuing bank, due to any reason whatsoever, I shall forthwith make payments of my dues to Brain through alternate means. Any dispute between me and my credit card issuing bank shall not be a ground for me to delay or refuse payment of my dues to Brain. I further confirm, accept and acknowledge that any disputes between me and Brain in respect of bills generated by Brain shall be adjusted on a prospective basis in future bills and I shall not be entitled to any cash refunds for any amounts erroneously billed and debited to my credit card.

I, hereby confirm that the information provided herein is true to the best of my knowledge as of the date hereof and further undertake that I shall forthwith inform Brain of any change in the information and particulars set out herein and shall indemnify Brain for any loss or damage suffered by Brain as a result of any information or particular found to be incorrect or inaccurate or ceasing to remain correct and accurate.

Yours Truly,

Customer Signature

Witness 1

Witness 2

FOR OFFICE USE ONLY:

Sage ID: \_\_\_\_\_ Checked by: \_\_\_\_\_ Accounts Department: \_\_\_\_\_