

# Direct Debit Application Form

Account Name: \_\_\_\_\_ WestStar Account Number: \_\_\_\_\_

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

**I confirm that I wish to use the monthly Direct Debit facility to settle my WestStar TV 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 \_\_\_\_\_ Branch \_\_\_\_\_

This is an instruction to pay Direct Debits at the request of WestStar TV Limited from the following Bank Account Number: \_\_\_\_\_ (Please specify US\$ or C\$)

- YES I would like to receive my invoices via email (eBilling rather than post)
- YES I would like to receive discount information, updates & special promotions via email

"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 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 WestStar TV Limited in writing if I wish to cancel the instructions.

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

