# Customer Payment Authorisation

APPLICATION FOR INDIVIDUALS

Digicel

Digicel (Trinidad & Tobago) Limited.
Ansa Centre, 11C Maraval Road,
Port of Spain, Trinidad, W.I.
Tel: 1 868 628 7000 Fax: 1 868 622 4125
Website: www.digiceltt.com

## Customer Information

Title: _____ First Name: _____ Surname: _____

Subscriber Number: | | | | | | | | | | | | |

Mobile Number: _____

Subscriber Number: | | | | | | | | | | | | |

Mobile Number: _____

Subscriber Number: | | | | | | | | | | | | |

Mobile Number: _____

Subscriber Number: | | | | | | | | | | | | |

Mobile Number: _____

## Payment Option

☐ Automated Payment - Credit Card or Direct Debit

☐ Credit Card Number held on file for telephone / on-line payments only

### AUTOMATED PAYMENT TYPE

Credit Card

☐ VISA ☐ Master Card ☐ Other _____ *(Please specify)*

Credit Card #: | | | | | | | | | | | | | | | | |

Expiry Date: DD | MM | YY Bank: _____

Direct Debit To Bank Account

Account #: | | | | | | | | | | | | | | | | |

Bank: _____ Branch: _____

☐ Chequing ☐ Savings Effective Date: DD | MM | YY

### AGREEMENT

*I authorise you to charge my account with variable amounts as instructed by yourself on various dates at the request of Digicel (Trinidad & Tobago) Ltd. I agree that any queries/disputes with regards to amounts debited to the assigned account will be directed to Digicel Customer Care for resolution and not the Bank(s). I shall inform Digicel (Trinidad & Tobago) Ltd. of any changes to the account number or expiry date on my payment information or cancellation of my payment plan in writing five (5) business days before the scheduled due date . The Bank and/or Digicel can refuse an application for automatic payment for any customer at anytime and terminate any payment plan if the payment is rejected over two (2) consecutive cycles throughout the duration of this agreement. I understand that forfeiting the assigned payment on my account a fee will be generated on the amount outstanding. Digicel also reserves the right to recover any outstanding funds owed to Digicel from the assigned account at anytime.*

Signature: _____ Date: DD | MM | YY

## Dealer Confirmation

Dealer Name: _____ Dealer Code: _____

☐ Identification Verified to confirm account information taken.

Date: DD | MM | YY

Signature: _____ OFFICIAL DEALER STAMP/SEAL HERE _____

**NOTE TO CUSTOMER: Please secure this form with the seals provided to ensure that your financial information is protected. Digicel will hold no responsibility should the information be compromised in anyway due to the security seals not being utilised as indicated. Seals are a pull off tape and arrows indicate the fold.**