Bank AL Habib Limited

Direct Debit Facility Instructions Form

The Manager,
Bank AL Habib Limited
_____ Branch

Branch Code _____

Date : D D M M Y Y Y Y

Dear Sir,

I/We request you to issue me/us a Direct Debit Facility for Utility Bills/Mobile top-ups/Others Payment Services as per details given below. I/ We have read, understood and agree to abide by the terms and condition of usage of the said facility updated on www.bankalhabib.com. I/We completely understand that the bank may levy fee/charges as and when applicable in connection with Utility bills direct debit service and I/We agree to pay the same in accordance with the Bank's Schedule of Charges.

I/We undertake that Direct Debit Instructions will be executed after 30 days and before such date all payments have to be made by me/us. Amendments/change of any utility bill/mobile number etc is not allowed. I/We have to cancel the existing one & fill out the new form.

Account Title : _____

Account Number : ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐☐☐ – ☐☐ – ☐

Nature of Account : ☐ Individual-Single ☐ Individual-Joint (Either or Survivor only) ☐ Sole Proprietor

CNIC Number : ☐☐☐☐☐ – ☐☐☐☐☐☐☐ – ☐

E-Mail Address : _____
(IN CAPITAL LETTERS)

Mobile Number : ☐☐☐☐ – ☐☐☐☐☐☐☐ Network: _____

S. No.	Utility Companies	Name on Bill	Capping* (Optional)	Copy of Bill Attached
1	K Electric			☐
2	LESCO			☐
3	SSGC			☐
4	SNGPL			☐
5	PTCL			☐

* In case of utility bill exceeds capping amount Direct Debit will not be executed and customer has to pay the bill on its own and bank will not be held responsible for non-payments.

S. No.	Internet Companies	Name on Bill	Copy of Bill Attached
1	Wateen		☐
2	Wi-Tribe		☐

S. No.	Telco	Mobile Number	Pre Paid*
1	Warid		
2	UFONE		
3	Telenor		
4	Zong		

* Denomination must be Rs. 250, 500, 750, 1000

S. No.	Telco	Mobile Number	Post Paid**
1	Warid		
2	UFONE		
3	Telenor		
4	Zong		

** Maximum Rs. 5,000

Note:

- **For cancellation of any direct debit facility, you will require to contact 24/7 call center**
- **(111-014-014). Cancellation request will be effective after 7 business Days.**

_____
Account Holder Signature

FOR BRANCH USE ONLY

All required document obtained ☐

Signature Verified By : _____ Signature: _____

Application Approved By : _____ Signature: _____ Attorney #: _____

FOR CPU USE ONLY

Request Proceed By: _____ Signature: _____ Request Proceed on:

Request Approved By : _____ Signature: _____ D D M M Y Y Y Y