

Debit Authorization Form – Broadband Plus SAL

Transaction Number: _____ **Payment Currency:** LBP / USD / Euro / GBP

Note: the transaction number shall be set by the Payor's Bank and used as is by the Payee's Bank

Payee Information

Name: Broadband Plus SAL

Address: Sin El Fil, Daoud Aamoun Street, Qubic Center, 13th Floor, Beirut, Lebanon

Contact Telephone: 01 296096

Email: info@mobi.net.lb

Payee Banking Information

Bank: CREDIT LIBANAIS

SWIFT BIC: CLIBLBBX

PAYEE IBAN: LB30 0053 00CA USD0 0142 4325 3002

Payor Information

Name:

Address:

Contact Telephone:

Email:

Payor Banking Information (to be completed by the Payor's Bank)

Bank:

SWIFT BIC:

PAYOR IBAN: LB

Payment Information

Payment Origin:

Goods (please specify):

Services (please specify): ISP

Payment Type:

Fixed Amount (please specify):

Variable Amount (please specify whether there is a maximum amount):

Payment Intervals:

One Time Payment Monthly Quarterly Semi Annual Yearly

Other (please specify):

Sporadic Intervals (please specify event or criteria):

By signing this form, the Payor authorizes the Payee or the Payee's Bank to electronically draw a debit (and, if necessary, credit to correct erroneous debits) for the purpose of making payment for the goods or services provided to the Payor by The Payee, on the Payor's account as indicated here above. The Payor therefore authorizes the Payor's bank to honor and pay such debits.

This authorization is provided solely for the benefit of the Payee and is subject to the Payor's Bank agreeing to process debits against the Payor's account in accordance with BDL-CLEAR payment system rules.

The Payor understands that this authorization will remain in full force and effect until the final payment date and may only be modified or cancelled with the approval of the Payee.

The Payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with this form.

The Payor and the Payee represent and warrant that the banking and account information provided above is complete and accurate and that any changes will be promptly notified to the parties involved and that all persons required to authorize withdrawals from the Payor's account above have authorized the debits to be drawn from the specified account pursuant to this authorization.

The Payor's rights are explained in a statement that can be obtained from the Payor's Bank.

Date: _____

Payor: _____ Payor's Bank: _____ Payee: _____

Signature: _____ Signature: _____ Signature: _____