



5

## BILLER INFORMATION

<b>Telephone</b> (_____) Name of Co.	Customer Name _____ Cust. A/c. No. _____ Telephone No. _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No Autopay Limit (Rs.) _____
<b>Electricity</b> (_____) Name of Co.	Consumer No. _____ Process Cycle No. _____ Billing Unit No. _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No Autopay Limit (Rs.) _____
<b>Mobile</b> (_____) Name of Co.	Customer Name _____ Account No. _____ Mobile No. _____ SMSpay <input type="checkbox"/> Autopay <input type="checkbox"/> Autopay Limit (Rs.) _____
<b>Insurance</b> (_____) Name of Co.	Name _____ Premium Amt. (Rs.) _____ Policy No. _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gas</b> (_____) Name of Co.	Consumer Reference No. _____ Bill Group _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No Autopay Limit (Rs.) _____
<b>Others</b> (_____) Name of Co.	Name _____ _____ Autopay <input type="checkbox"/> Yes <input type="checkbox"/> No Autopay Limit (Rs.) _____

1. Please provide a copy of any previous bill for each biller added to enable us to verify the customer account details. For additional billers, please provide the above details on a separate sheet, sign it and attach with the form.
2. For AutoPay instructions, the debit to customer account may take place upto five working days prior to due date, to ensure payment to the Biller by the due date. Please ensure that your bank account has sufficient funds to cover the bill amount.

6

## ACCEPTANCE

I/We hereby declare that the above information is correct and complete and request that a Service account be opened in the name listed at the beginning of this application. I/We acknowledge that I/We have read, understood and agree to be bound by the Terms & Conditions of the Service ([www.billdesk.com/terms.htm](http://www.billdesk.com/terms.htm)) that are currently in effect and as may be amended from time to time.

Your account will be activated from the next billing cycle or 14 days whichever is later. However, for the first bill received by you after registration, please call the BOI STAR ePAY Customer Service Desk and confirm activation of your account, on Phone No. 022-56920001.

SIGNATURE

DATE &amp; PLACE

 **Ensure form is complete**
 **Ensure documents are attached**
 **Submit form to the branch**

## For Office use only

DSA: \_\_\_\_\_ Verified: \_\_\_\_\_ Entered: \_\_\_\_\_

Executive: \_\_\_\_\_ Checked: \_\_\_\_\_ Activated: \_\_\_\_\_

## Terms & Conditions

1. I/We agree and accept the terms and conditions of *BOI STAR ePAY* to carry out my/our bill payments by standing instructions and through the Internet at my request, given by me/us from time to time. I/We understand that the Bank may provide the service directly or through a Bill Pay Service Provider.
2. I/We undertake to ensure that there would be sufficient clear funds in my/our accounts on the stipulated dates for making payments. I/We understand that the Bank shall not be held responsible or liable if it is unable to effect the payment transactions due to insufficient funds in the account.
3. I/We understand that if the bill exceeds the maximum limit set up by me for 'Auto Pay', (i.e. standing instructions for the payment of bills) the Bank shall not make payments of such bills.
4. I/We hereby undertake to verify the bill amount and if the bill amount exceeds the limit set for 'Auto Pay', the Bank will not be under obligation to inform the same to me/us.
5. I/We agree to provide my/our correct identification details as registered with the biller (i.e. the billing companies). I/We agree to indemnify the Bank/Bill Pay Service Provider from any liability due to erroneous information given by me/us in this regard.
6. I/We agree that in case of any change in my identification details, like address, phone no. etc., it is my/our responsibility to register/inform the changes immediately.
7. I/We have no objections whatsoever to the biller providing my/our billing details to the Bank/Bill Pay Service Provider.
8. I/We agree that this facility will be available to me/us subject to and upon receipt of the biller's confirmation as to the details furnished by me/us. I/We agree that any change in the business arrangement between the Service Provider and/or billing companies with the Bank will be binding on me/us.
9. I/We agree that any dispute on bill details will be settled directly by me/us with the biller.
10. I/We agree that all transactions, those requiring processing by the Bank will be carried out only during its business hours. All transactions made by the Bank based on the Authority in *BOI STAR ePAY* Registration Form is binding on me/us. I/We agree to bring to your notice any error/mistake in the transactions.
11. I/We agree that all the conditions applicable to Star Connect Internet banking are binding on me/us in case of online payments made by me/us.
12. In case of OnlinePay facility, I/We understand and agree to give instructions for payment at least 5 working days before the close of business hours of the Branch, prior to the due date of the bill. I/We further agree that it shall solely be my/our responsibility to schedule payments at least 5 working days (excluding the due date), before the close of business hours of the Branch so that the billers receive the payments within the due dates. In the event of late payments, if accepted by the biller I/We shall be liable for late payment charges and consequences as may be enforced by the biller.
13. I/We understand that the payment instructions shall constitute an irrevocable and unconditional authority to debit my/our account and make the payment to the biller.
14. I/We understand that the Bank/Bill Pay Service Provider shall not be responsible or liable for not effecting the payment due to incomplete, inaccurate or delayed submission of details.
15. I/We understand that the Bank/Bill Pay Service Provider will not be responsible or liable if it is unable to effect the payment transactions owing to **a) Mechanical/Technical failure b) Events beyond the control of the Bank.**
16. I/We understand and agree that the Bank/BillPay Service Provider will not be held liable for any loss or damages whatsoever for carrying out the transactions in good faith.
17. I/We agree to indemnify the Bank/Bill Pay Service Provider from and against all actions, claims, damages and losses whatsoever that the Bank may incur at any time, due to transactions from this facility.
18. I/We agree that the Bank/Bill Pay Service Provider may, from time to time make alterations, additions, deletions in the scheme with or without notice to me/us and that these shall effect and be binding upon me.
19. In case of an overdraft in the account for whatsoever reasons, I/We agree to pay the amount with applicable interest thereon to the Bank.
20. I/We agree that the Bank shall not be held liable for accepting the instructions given by any of us in case of joint accounts.
21. In the event that I/We wish to terminate the service, I/We shall submit written instructions in this regard; such instructions will come into force five days from the date of acknowledgment of the notice of termination. I/We agree that I/We shall remain liable for all the transactions that have been submitted by me/us and processed under my/our account prior to the date of my/our submission of instructions and acknowledgment thereof.