

## Credit card/Deposit Account – Direct Debit Consent Form

0301006004

Branch	Account	(Debtor)
		(,

Dat	eYear		Branch Account (Debtor)
Nar	neAddress NoMoo.	Trork/SoiRoad	
Khv	aeng/TambonProv	ince	Геl No
	ا Id like Prudential Life Assurance (Thailand) Public Company Limited (hereinafter s		
	einafter shall be referred to as "Bank") to debit from my credit card/deposit accou	, .	•
`	lication/Contract No		
		ather-Mother D Spouse D Children D Sibling D Gra	nuparent. Proof of relationship
	veen the Payor and the Applicant is attached herewith.		
	ase select only one premium payment channel from the following:		
	Direct debit via credit card (  for first year and renewal premiums  for first year		
Тур	e of credit card 🔲 VISA 🛄 MASTER Bank		
Cre	dit card No.	Expiry Date	
Car	dholder's Name (English) A	mount Baht Date of first direct debit	t (if any)
	Direct debit via deposit account (for renewal premiums)		
Тур	e of deposit account 🛛 Savings 🗍 Current Account No. 📃 🔤 -		
Acc	ount nameBank	BranchAmount	Baht
_	ditions and Consent		
1.	I agree and give consent that the bank will debit from my credit card/deposit a	account to pay life insurance premiums and/or any obliga	ations of the applicant specified
	in this document to the Company, by agreeing to allow the bank to charge	via my credit card/debit from my said account, accordin	ng to the amount shown in this
	document, invoice, electronic media, and/or any channels that the bank received		
	With this, I agree and accept that the bank will deduct money only when the	-	ifficient balance for the current
	billing/deduction. I also agree to abide by the terms and conditions prescribed In addition, after the bank has charged via credit card/deducted from my dep		d if it appears in the future that
	the amount notified by the Company to the bank is incorrect, or there is any		
	hereby waive the right to claim or sue the bank to compensate for the mone		
	the bank.		C C
2.	I agree and accept that all documents regarding the billing via credit card/de		-
	bank does not have to notify credit card billing/debit from my deposit account		
	verify such items from the CREDIT CARD STATEMENT, passbook and /or	. ,	-
	collect fees, service fees and or any expenses in connection with the use of the	he direct debit service according to this document at the	e rate specified by the bank, by
3.	agreeing to deduct money from the deposit account to pay off the said debt. In the event that the above deposit account has been changed for any reas	on Lagree that the terms and conditions in this docum	ent will remain in effect for the
0.	amended deposit account.		
4.	Regarding my request for credit card billing/ debit from my deposit account n	nentioned above, I agree that, in the event of any dama	ges to the bank, I am willing to
	indemnify the Bank in all respects and unconditionally, without any argument	S.	
5.	I agree and accept that the Company will approve the payment of premium vi	a the credit card/ deposit account of the applicant or the	direct relatives of the applicant
	only.		
6.	I agree that if the bank is unable to charge the credit card/debit the deposit ac		
	payment has occurred. The premium payment is completed only when the Co successfully transferring money to the Company.	ompany is able to collect the money from the bank/bank	debit the deposit account, and
7.	I agree to allow the deduction of money from credit card/ deposit account to p	pay the premium once a month on every 10th 20th or 30	Oth of the month depending on
	the premium due date of your life insurance policy, except for TMBThanacha		
8.	I agree that in the event that the Company is unable to collect the premium i		
	due date of the premium payment of that period.		
9.	I agree that in the event of any amendments to this document, I, as the owned	er of the credit card/deposit account, must sign to ackno	wledge it every time.
10.	In the event that I pay for insurance premiums via credit card, and if it appear		
	to the bank, I agree to allow the bank to process the payment by credit card	in all respects. I hereby waive the right to dispute, clai	m and/or sue against the bank
11	and the Company. I acknowledge and agree that the Company will charge via credit card/deduct	money from the denosit account to nay for the insurance	ce promium once the Company
	has considered approval for life insurance.	i money norm the deposit account to pay for the insurance	
12.	I agree and accept that in the event of a refund of the premium for any reaso	n, the Company will refund the insurance premium only	to the same credit card/deposit
	account that the premium is debited. I agree to be responsible for all fees inc	curred (if any).	
13.	I agree that this document will take effect immediately from the date of this do	ocument, and shall continue to be effective until the Bank	c has terminated the credit card
	billing service/deducted from the deposit account according to this document	, or until I revoke it by giving a written notice to the ban	k and the Company at least 90
	days in advance.		
14.	In the event that I choose to pay the premium in monthly installments, I agree	e that the bank can charge/debit my credit card for 2 mol	ntns for the first payment of the
	premium.		
(Się	ned) Owner of credit card/depo		Application name
	() same as the one giver	to the Bank (	)
	For Agent/broker/ Company (Verification)	For credit card/ denosit account issuing	hank (Varification)

For Agenubroken company (Vernication)		For credit card/ deposit account issuing bank (vernication)
Incorrect (Please specify)		ct 🛛 Incorrect (Please specify)
	(Signed	1)



Correct

Incorrect (Please specify).....

(Signed).....

## Credit card/Deposit Account – Direct Debit Consent Form

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0301006004

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(Signed).....

Det	eMonthYearYear.				
	eMoonn				
	vaeng/TambonProvincePostal Code				
	Ild like Prudential Life Assurance (Thailand) Public Company Limited (hereinafter shall be referred to as "Company") to inform (Bank's name)				
	reinafter shall be referred to as "Bank") to debit from my credit card/deposit account to pay life insurance premiums for Applicant's name.				
	lication/Contract No				
	ween the Payor and the Applicant is attached herewith.				
	ase select only one premium payment channel from the following:				
	Direct debit via credit card ( 🗋 for first year and renewal premiums 📮 for first year premium only 🗋 for current due and renewal premium)				
Тур	e of credit card VISA MASTER Bank				
	dit card No.				
_	dholder's Name (English) Baht Date of first direct debit (if any)				
	Direct debit via deposit account (for renewal premiums)				
	e of deposit account 🔲 Savings 🗋 Current Account No.				
_	ount nameBankBankBankBankBankBanchBranchBranch				
	ditions and Consent				
1.	I agree and give consent that the bank will debit from my credit card/deposit account to pay life insurance premiums and/or any obligations of the applicant specified in this document to the Company, by agreeing to allow the bank to charge via my credit card/debit from my said account, according to the amount shown in this				
	document, invoice, electronic media, and/or any channels that the bank to charge via my credit cardidebit norm my said account, according to the amount shown in this document, invoice, electronic media, and/or any channels that the bank receives from the Company, and transfer the said amount to the Company's deposit account.				
	With this, I agree and accept that the bank will deduct money only when the credit card/funds in the said deposit account has sufficient balance for the current				
	billing/deduction. I also agree to abide by the terms and conditions prescribed by the bank in all respects.				
	In addition, after the bank has charged via credit card/deducted from my deposit account according to the preceding paragraph, and if it appears in the future that				
	the amount notified by the Company to the bank is incorrect, or there is any damage or error that occurs, I agree to claim the amount directly from the Company. I				
	hereby waive the right to claim or sue the bank to compensate for the money the bank has charged/deduct from the said deposit account or claim damages from the bank.				
2.	I agree and accept that all documents regarding the billing via credit card/debiting my deposit account as stated in this document are accurate in all respects. The				
	bank does not have to notify credit card billing/debit from my deposit account or provide me with any evidence of billing/ deduction and transfer, as I can personally				
	verify such items from the CREDIT CARD STATEMENT, passbook and /or account statement (STATEMENT) by myself. In addition, I agree to allow the bank to				
	collect fees, service fees and or any expenses in connection with the use of the direct debit service according to this document at the rate specified by the bank, by				
3.	agreeing to deduct money from the deposit account to pay off the said debt. In the event that the above deposit account has been changed for any reason, I agree that the terms and conditions in this document will remain in effect for the				
5.	amended deposit account.				
4.	Regarding my request for credit card billing/ debit from my deposit account mentioned above, I agree that, in the event of any damages to the bank, I am willing to				
	indemnify the Bank in all respects and unconditionally, without any arguments.				
5.	I agree and accept that the Company will approve the payment of premium via the credit card/ deposit account of the applicant or the direct relatives of the applicant				
6.	only. I agree that if the bank is unable to charge the credit card/debit the deposit account as stated in this document for whatever reason, it will be treated as if no premium				
0.	payment has occurred. The premium payment is completed only when the Company is able to collect the money from the bank/bank debit the deposit account, and				
	successfully transferring money to the Company.				
7.	I agree to allow the deduction of money from credit card/ deposit account to pay the premium once a month on every 10th, 20th or 30th of the month, depending on				
	the premium due date of your life insurance policy, except for TMBThanachart Bank, the deduction will be processed on the premium due date.				
8.	I agree that in the event that the Company is unable to collect the premium in any one period, the Company will collect the premium again within 45 days from the due date of the premium payment of that period.				
9.	I agree that in the event of any amendments to this document, I, as the owner of the credit card/deposit account, must sign to acknowledge it every time.				
10.	In the event that I pay for insurance premiums via credit card, and if it appears that my signature on this document is different from the sample of the signature given				
	to the bank, I agree to allow the bank to process the payment by credit card in all respects. I hereby waive the right to dispute, claim and/or sue against the bank				
	and the Company.				
11.	I acknowledge and agree that the Company will charge via credit card/deduct money from the deposit account to pay for the insurance premium once the Company				
12	has considered approval for life insurance. I agree and accept that in the event of a refund of the premium for any reason, the Company will refund the insurance premium only to the same credit card/deposit				
12.	account that the premium is debited. I agree to be responsible for all fees incurred (if any).				
13.	13. I agree that this document will take effect immediately from the date of this document, and shall continue to be effective until the Bank has terminated the credit card				
	billing service/deducted from the deposit account according to this document, or until I revoke it by giving a written notice to the bank and the Company at least 90				
	days in advance.				
14.	In the event that I choose to pay the premium in monthly installments, I agree that the bank can charge/debit my credit card for 2 months for the first payment of the premium.				
	P				
(Sig	ned) Owner of credit card/deposit account (Signed) Application name				
	() same as the one given to the Bank ()				
	For Agent/broker/ Company (Verification) For credit card/ deposit account issuing bank (Verification)				

Correct



## <u>Credit card/Deposit Account – Direct Debit Consent Form</u>


พรูเด็นเซียล ประกันชีวิต	0301006004			
DateMonthYear	For Customer			
NameAddress NoMoo.	Trork/SoiRoad			
Khwaeng/TambonProv	ince Tel No			
would like Prudential Life Assurance (Thailand) Public Company Limited (hereinafter s	hall be referred to as "Company") to inform (Bank's name)			
(hereinafter shall be referred to as "Bank") to debit from my credit card/deposit accour	t to pay life insurance premiums for Applicant's name.			
Application/Contract No Relationship	ather-Mother 🗌 Spouse 🔲 Children 🔲 Sibling 🔲 Grandparent. Proof of relationship			
between the Payor and the Applicant is attached herewith.				
Please select only one premium payment channel from the following:				
Direct debit via credit card (  for first year and renewal premiums  for first year	ar premium only 🔲 for current due and renewal premium)			
Type of credit card VISA MASTER Bank				
	Expiry Date			
	nount Baht Date of first direct debit (if any)			
Direct debit via deposit account (for renewal premiums)				
Type of deposit account Savings Current Account No.				
Account nameBank	BranchBaht			
Conditions and Consent				
in this document to the Company, by agreeing to allow the bank to charge	account to pay life insurance premiums and/or any obligations of the applicant specified via my credit card/debit from my said account, according to the amount shown in this es from the Company, and transfer the said amount to the Company's deposit account.			
-	e credit card/funds in the said deposit account has sufficient balance for the current			
	osit account according to the preceding paragraph, and if it appears in the future that			
the amount notified by the Company to the bank is incorrect, or there is any	damage or error that occurs, I agree to claim the amount directly from the Company. I			
hereby waive the right to claim or sue the bank to compensate for the mone the bank.	y the bank has charged/deduct from the said deposit account or claim damages from			
	biting my deposit account as stated in this document are accurate in all respects. The			
· · · · · ·	or provide me with any evidence of billing/ deduction and transfer, as I can personally			
	account statement (STATEMENT) by myself. In addition, I agree to allow the bank to he direct debit service according to this document at the rate specified by the bank, by			
agreeing to deduct money from the deposit account to pay off the said debt.	The direct depit service according to this document at the rate specified by the bank, by			
	on, I agree that the terms and conditions in this document will remain in effect for the			
amended deposit account.				
	entioned above, I agree that, in the event of any damages to the bank, I am willing to			
indemnify the Bank in all respects and unconditionally, without any arguments.				
5. I agree and accept that the Company will approve the payment of premium via the credit card/ deposit account of the applicant or the direct relatives of the applicant only.				
6. I agree that if the bank is unable to charge the credit card/debit the deposit acc	count as stated in this document for whatever reason, it will be treated as if no premium			
payment has occurred. The premium payment is completed only when the Co	ompany is able to collect the money from the bank/bank debit the deposit account, and			
successfully transferring money to the Company.				
	ay the premium once a month on every 10th, 20th or 30th of the month, depending on			
<ul><li>the premium due date of your life insurance policy, except for TMBThanachar</li><li>8. I agree that in the event that the Company is unable to collect the premium in</li></ul>	n any one period, the Company will collect the premium again within 45 days from the			
due date of the premium payment of that period.				
9. I agree that in the event of any amendments to this document, I, as the owner	r of the credit card/deposit account, must sign to acknowledge it every time.			
10. In the event that I pay for insurance premiums via credit card, and if it appears	s that my signature on this document is different from the sample of the signature given			
to the bank, I agree to allow the bank to process the payment by credit card	in all respects. I hereby waive the right to dispute, claim and/or sue against the bank $% \left( {{{\boldsymbol{x}}_{i}}} \right)$			
and the Company.				
	money from the deposit account to pay for the insurance premium once the Company			
has considered approval for life insurance.	the Company will refund the insurance premium only to the same credit card/deposit			
12. I agree and accept that in the event of a refund of the premium for any reason, the Company will refund the insurance premium only to the same credit card/deposit account that the premium is debited. I agree to be responsible for all fees incurred (if any).				
<ol> <li>I agree that this document will take effect immediately from the date of this document, and shall continue to be effective until the Bank has terminated the credit card</li> </ol>				
billing service/deducted from the deposit account according to this document, or until I revoke it by giving a written notice to the bank and the Company at least 90				
days in advance.				
14. In the event that I choose to pay the premium in monthly installments, I agree that the bank can charge/debit my credit card for 2 months for the first payment of the				
premium.				
(Signed) Owner of credit card/deport	sit account (Signed) Application name			
() same as the one given	to the Bank ()			
For Agent/broker/ Company (Verification)	For credit card/ deposit account issuing bank (Verification)			

	Incorrect (Please specify)		Incorrect (Please specify)
(Signed)		(Signed)	