

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



พรูเคนแชยล ประกนชวต	Branch Account (Debtor)								
DateYear	, ,								
	Trork/SoiRoad								
Khwaeng/Tambon	nce Tel No								
	all be referred to as "Company") to inform (Bank's name)								
	to pay life insurance premiums for Applicant's name.								
Application/Contract No	Application/Contract No								
between the Payor and the Applicant is attached herewith.									
Please select only one premium payment channel from the following:									
lacksquare Direct debit via credit card ($lacksquare$ for first year and renewal premiums $lacksquare$ for first year	r premium only \square for current due and renewal premium)								
Type of credit card VISA MASTER Bank									
Credit card No. Expiry Date									
Cardholder's Name (English)	ount 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 nameBankBank	BranchBaht								
Conditions and Consent									
1. I agree and give consent that the bank will debit from my credit card/deposit ac	ecount to pay life insurance premiums and/or any obligations of the applicant specified								
	a my credit card/debit from my said account, according to the amount shown in this								
·	s 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 billing/deduction. I also agree to abide by the terms and conditions prescribed I	e credit card/funds in the said deposit account has sufficient balance for the current								
	by the bank in all respects. Is account according to the preceding paragraph, and if it appears in the future that								
	amage or error that occurs, I agree to claim the amount directly from the Company. I								
	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/debi	iting 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								
•	ccount statement (STATEMENT) by myself. In addition, I agree to allow the bank to								
·	e 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. 3. In the event that the above deposit account has been changed for any reason	n, I agree that the terms and conditions in this document will remain in effect for the								
amended deposit account.	i, ragice that the terms and conditions in this document will remain in electror the								
•	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.									
	bunt as stated in this document for whatever reason, it will be treated as if no premium								
	npany 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 pa	by 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									
	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 $\frac{1}{2}$	of the credit card/deposit account, must sign to acknowledge it every time.								
	that my signature on this document is different from the sample of the signature given								
	n all respects. I hereby waive the right to dispute, claim and/or sue against the bank								
and the Company.	money from the deposit account to pay for the insurance premium once the Company								
has considered approval for life insurance.	money from the deposit account to pay for the insurance premium once the company								
	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).									
3. 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 car 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 9									
							days in advance.		
4. 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)									
() same as the one given to	o the Bank ()								
For Agent/broker/ Company (Verification)	For credit card/ deposit account issuing bank (Verification)								
☐ Correct ☐ Incorrect (Please specify)	☐ Correct ☐ Incorrect (Please specify)								



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ພຮູແ	านเชยส บระกนชวิท					For Company	
	eMonth						
Nar	ne	Address No	Moo	Trork/Soi	Road		
Khv	vaeng/Tambon	Khet/Amphur	Provin	ce Postal Cod	e Tel No		
wou	ıld like Prudential Life Assuran	ce (Thailand) Public Company Limited (he	ereinafter sha	all be referred to as "Company") to info	orm (Bank's name)		
(he	einafter shall be referred to as	"Bank") to debit from my credit card/dep	osit account	to pay life insurance premiums for Ap _l	plicant's name		
App	lication/Contract No	Relationship	Self Fat	her-Mother 🗌 Spouse 🔲 Children 🏾	☐ Sibling ☐ Grandparer	nt. Proof of relationship	
bet	ween the Payor and the Applic	ant is attached herewith.					
Ple	ase select only one premium p	ayment channel from the following:					
		for first year and renewal premiums	for first year	premium only for current due and r	enewal premium)		
		MASTER Bank	-	·	ononai promiani,		
•	dit card No.			Expiry Date			
			Δ		- £ £	A.	
_		111	Amo	ount Bant Date	or first direct debit (if any)	
	Direct debit via deposit accor						
•	·						
		Bank		Branch	Amount	Baht	
Con 1.	ditions and Consent	at the bank will debit from my credit card					
	With this, I agree and acce billing/deduction. I also agre In addition, after the bank h the amount notified by the O	ic media, and/or any channels that the bept that the bank will deduct money on the to abide by the terms and conditions has charged via credit card/deducted frompany to the bank is incorrect, or the aim or sue the bank to compensate for	ly when the prescribed bom my deposere is any da	credit card/funds in the said depose by the bank in all respects. sit account according to the preceding amage or error that occurs, I agree to	it account has sufficient ng paragraph, and if it a o claim the amount direc	balance for the current ppears in the future that ctly from the Company.	
2.	the bank. 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 personal 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 agreeing to deduct money from the deposit account to pay off the said debt.						
 3. 4. 	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 amended deposit account. 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						
5.	indemnify the Bank in all respects and unconditionally, without any arguments. 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 premiur 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, are successfully transferring money to the Company.						
7.							
8.	· ·	at the Company is unable to collect the	premium in	any one period, the Company will co	ollect the premium again	within 45 days from the	
9. 10.	due date of the premium payment of that period. 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. 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 give 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 ban and the Company.						
	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 Compan 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/depos account that the premium is debited. I agree to be responsible for all fees incurred (if any).						
	3. 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 car 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 9 days in advance.						
14.	In the event that I choose to premium.	pay the premium in monthly installmen	ıts, ı agree t	nat the bank can charge/debit my cre	eait card for 2 months for	tne tirst payment of the	
(Sig	ned)	Owner of credit	card/deposit	account (Signed)		Application name	
	() same as the	one given to	the Bank ()	
	For Agent/b	roker/ Company (Verification)		For credit card/ deposit a	account issuing bank	(Verification)	
	☐ Correct ☐ Incorrect (F	Please specify)		☐ Correct ☐ Incorrect (Please s	specify)		



(Signed).....

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



				For Customer				
	Address No	Moo Trork/Soi	Road					
	Khet/Amphur							
-	surance (Thailand) Public Company Limited							
(hereinafter shall be referred to as "Bank") to debit from my credit card/deposit account to pay life insurance premiums for Applicant's name. Application/Contract No								
between the Payor and the Applicant is attached herewith.								
•	nium payment channel from the following:							
	ard (I for first year and renewal premiums	for first year premium only	for current due and renewal pro	emium)				
	MASTER Bank		Tor current add and renewal pro	, many				
Credit card No.		Expiry Date						
)			ect debit (if any)				
	account (for renewal premiums)			``,				
	Savings Current Account No.		П - П					
Account name	Bank	Branch.	Amo	untBaht				
Conditions and Consent	_							
1. I agree and give conse	ent that the bank will debit from my credit o	ard/deposit account to pay life	insurance premiums and/or a	ny obligations of the applicant specified				
	e Company, by agreeing to allow the ban	•	•	_				
	ectronic media, and/or any channels that the							
	I accept that the bank will deduct money			t has sufficient balance for the current				
•	o agree to abide by the terms and conditionank has charged via credit card/deducted	•	-	anh and if it appears in the future that				
	the Company to the bank is incorrect, or	•						
·	t to claim or sue the bank to compensate							
the bank.								
	at all documents regarding the billing via c	- · · ·		-				
	o notify credit card billing/debit from my dep							
•	the CREDIT CARD STATEMENT, passb		, , ,	. •				
	es and or any expenses in connection with oney from the deposit account to pay off th		rvice according to this docume	int at the rate specified by the bank, by				
	above deposit account has been changed		ne terms and conditions in this	s document will remain in effect for the				
amended deposit acco	,	ior any roadon, ragroo mar a		r desament will remain in enect for the				
4. Regarding my request	for credit card billing/ debit from my depo	sit account mentioned above,	agree that, in the event of ar	y damages to the bank, I am willing to				
•	all respects and unconditionally, without a							
	at the Company will approve the payment o	f premium via the credit card/	deposit account of the applica	nt or the direct relatives of the applicant				
only. 6. I agree that if the bank	is unable to charge the credit card/debit th	ne denosit account as stated in	this document for whatever re	ason it will be treated as if no premium				
	I. The premium payment is completed only	•		·				
· •	ng money to the Company.	, ,	,	•				
7. I agree to allow the de	eduction of money from credit card/ deposit	account to pay the premium of	nce a month on every 10th, 2	0th or 30th of the month, depending on				
•	of your life insurance policy, except for TN		•	•				
-	ent that the Company is unable to collect the	ne premium in any one period,	the Company will collect the	premium again within 45 days from the				
·	um payment of that period. Int of any amendments to this document, I,	as the owner of the credit car	d/denosit account must sign	to acknowledge it every time				
	for insurance premiums via credit card, an		· ·					
	allow the bank to process the payment b							
and the Company.								
11. I acknowledge and ag	ree that the Company will charge via credi	t card/deduct money from the	deposit account to pay for the	insurance premium once the Company				
• •	has considered approval for life insurance.							
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).								
•	•	, .,	continue to be effective until	the Bank has terminated the credit card				
*	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.	premium.							
(Signed)	Owner of cre	edit card/deposit account (Sig	ned)	Application name				
() same as t	the one given to the Bank	()				
For Aa	ent/broker/ Company (Verification)	For ci	edit card/ deposit account	issuing bank (Verification)				
☐ Correct ☐ Incor	rect (Please specify)	Correct	☐ Incorrect (Please specify)					