

## Letter of Consent to Debit from the Bank Account

英字でご記入ください

Made at Bangkokまたは地方Dated ご記入の日付けTo: Manager of Bank of Ayudhya, 支店名 Office/Branch (the "Bank")I, 名前一苗字、通帳同一, the owner of the Savings account, Account Number(10 digits) 口座番号 Account Name: 口座名義人、名前一苗字Contact address: ご住所Tel: 電話番号

hereby authorize the Bank to debit the sum in the aforesaid account in order to pay Pacific Cross Health Insurance PCL (hereinafter called the "Company") all debts and/or obligations as shown in invoices, in electronic media or in any form receiving from the Company and transfer such sum of money to the Company's account.

In such debiting in order to pay the Company all debts and/or obligations, if it appears that the sum notified to the Bank is incorrect and the Bank has already debited the sum equivalent to the amount shown in invoices, in electronic media or in any form from my account, I agree to claim such sum from the Company directly. I agree to waive my right to claim the Bank to reimburse me the sum debited from my account by the Bank in order to pay the Company all debts and/or obligations shown in invoices, in electronic media or in any form receiving from the Company and accept that the Bank shall debit only when the fund in my account is, at the time, sufficient. I also waive notice of such debit from the Bank because I will be able to receive all details from the Bank's passbook or statement or invoice/receipt of the Company.

In case of any detail of the said account have been changed for whatever reason, I agree that this Letter of Consent shall be valid and enforceable for such account as amended.

The debit of the above said account shall be effective immediately from the date hereof and shall be in full force and effect until my written instructions to revoke this Letter of Consent is given to the Bank and the Company not less than 30 days.

Sincerely Yours,

Signed ご署名。銀行登録筆跡 The Account Owner  
( 名前一苗字 )

As given to the Bank,

I have received a copy of this Letter of Consent to Debit from the Bank Account.

Certified the signature of the Account Owner

Verified by

Signed 保険会社による承認Signed 銀行の承認(Company) Pacific Cross Health Insurance PCL

(Authorized signature of the Bank)