		Letter of Conse	ent to Debit Deposit Acc	count						
To Mana	ger of Bank of Ayudhya Pu	ublic Company Limited, Office/Branch	h	Date	MonthYear					
I/we,		Individual with, Nation	nal ID Card No.							
Juris	tic with, Registration No./	Taxpayer ID No.(13 digits)		Branch No.						
Account	Owner / Authorized Signa	tory(ies) of the Saving Deposit /Curre	ent Account No.		Current Address No					
Soi	Road	Sub-district	District	Province	Postal Code					
Telephor	e NoMobile	e Phone NoFax No	hereby request	the Bank to debit fund	ds from my/our deposit account for					
payment	of debits and/or obligatio	ons to the payee(s) as follows:								
Credit Card										
krungsri Credit Cords	Krungsri Credit Card	Payment Minimum Full			Card No. Name-Surname of Cardholder					
Fi√st Choice	Krungsri First Choice	Payment Minimum Full			Card No. Name-Surname of Cardholder					
CSNRAL DE I CREDICARD	Central The 1 Credit Card	d Payment Minimum Full			Card No. Name-Surname of Cardholder					
TESCO Lotus Money Services	Tesco Lotus Money Services Limited	Payment Minimum Full			Card No. Name-Surname of Cardholder					
	Simple Visa Card	Payment Minimum Full			Card No. Name-Surname of Cardholder					
cîtîbank	Citibank	Payment Minimum Full			Card No. Name-Surname of Cardholder					
HomePro VISA FLATINUM	HomePro Visa Credit Card	d Payment Minimum Full			Card No. Name-Surname of Cardholder					
AIA CREDIT CARD	AIA Visa Credit Card	Payment Minimum Full			Card No. Name-Surname of Cardholder					
			Loan / Finance							
CENTRAL THE 1 PERSONAL LOAN	Central The 1 Personal I	Loan			Account Number					
	Powerbuycard				Account Number					
krungsri Dreamloan	Krungsri Dreamloan				Account Number					
krungsri	Ayudhya Capital Auto L	.ease (Krungsri Auto) For installment Pay	ment		Contract Number The Bank will debit funds from your account after the loan is approved					
Post-paid Mobile Phone										
	Advance Info Convice /	Billing Account No.	Mobile Pho	one No. / Internet						
AIS	Advance Info Service / Advanced Wireless				Name-Surname of Registered					
	Network I hereby give my consent to the Bank to deduct/collect the money from my bank account as specified above in order to pay service charge of mobile phone / internet service for the number as specified for GSM advance network (on behalf of advanced Info Service Public Company Limited ("AIS")) or AIS 3G network (on behald of Advanced Wireless Network Company Limited ("AWN")) and in case there the change of operators between 2 above mentioned mobile operators of such mobile phone number / internet, I give my consent that this service shall continue in effect and bind such mobile phone mumber / internet until I terminate the service.									
	dtac TrinNet Co.,Ltd	CO. Billing Account N	No. Mobile	e Phone No.						
dtac	Total Access Comm		0		Name-Surname of Registered					
	I hereby give my consent to the herein of Total access commun	ne Bank to deduct/collect the money from my ban ication Public Company Limited (" dtac ") or dtac e number, I give my consent that this service sha	TriNet Company Limited ("DTN") and in	case there the change of op	perators between 2 above mentioned mobile					
truemove	Real Move/True Move I		3-9 digits Mobile 0	e Phone No.	Name-Surname of Registered					
Universal Communication Co.,Ltd. I consent that Real Move / True Move H Universal Communication Co., Ltd. debits the monthly fee of TrueMove H to all mobile numbers under billig account number registered above from my ba account although I am not the service owner. (You can check your billing account number on bill statement or contact TrueMove H / True Move H Call Center 1331).										
Fixed Line Telephone										
TOT	TOT	count No.	Service No.							
taio	True	count No.	Service No.							

	We, being a juristic person/go	the service fee invoice or cash receip overnment agency/state enterprise, he ober and registration number above.			d with deduction of the withholding ta	x on our behalf and therefore have
			Public Uti	lity		
nrs/WWTunskao	_	, Soi		Road	eter No. Sub-district	
	District	ProvinceSoiPost	Ral CodeTel	ephone Nooad	Sub-district Mobile Phone NoSub-district Sub-district	Fax No
	Metropolitan Waterworks A Site Address: No District Billing Address: No District Provincial Waterworks Auth	Authority Branch-Zone MooSoi ProvinceSoi ProvincePost Province Province	Ral CodeRal CodeRal CodeR	Account No. oadoadoadoadoadoadoad	Sub-district	Fax NoFax NoFax No
	The included documents		est invoice, copy of itest invoice and co	the first page of the	passbook and copy of VAT I	
			Life Insura	ince		
Allianz ® AYUDHYA	Allianz Ayudhya	Proposal No. Policy No. ID Card No.		National ID Card No. Insured's name and surn	ame	
เมือ ะกัน ชีวิต ประกันชีวิต	Muang Thai					
against the made equivalent terms and account a changes to deposit acfrom the count the count account the count account account account account account account account account account the country account the country account the country account the country accountry	By this letter, I/we request the referred to as the "Company", reinafter referred to as the "Info tion with the debit hereunder (i he funds from my/our account font submitted by the Company to the Bank for the refund. Deductior only when my/our deposit accout to the total remaining balance id conditions applicable to this est is I/we are able to receive the domy/our deposit account to which such changes are date the Bank and the Company remain valid until the Bank cancel.	the Bank is incorrect, Jiwe agri- of funds including service fees int has sufficient balance at the in my/our deposit account. I/We vice as specified by the Bank. I/ etails of the deductions from m herein for whatsoever reasons e made to shall continue to be s grant approval (except for payn	the to claim such amout or expenses incurred time of debiting excuagree to be liable for we also agree that the cour passbook and/o such as change of the subject to all the term that the torm that the claim of the cours are the claim of the claim to TOT Corporation.	unt from the company from account debiting ept in case of paymen any penalties and/or i e Bank is not required r bank statement and/o e account name and/o is and conditions specif on which shall be effec	directly and waive the right to in from my/our deposit account in a c of credit cards where the Bank ees incurred and agree to be bo to notify me/us of the deduction or invoice and/or receipt of the account number and/or deposit ied herein. The debit authorizati tive approximately 2 months folk	lake claim of take legal actions accordance with this letter shall is authorized to deduct funds und by and comply with all the s of funds from my/our deposit Company. Should there be any evidence, I/we agree that the on hereunder shall be effective bying submission of this letter)
insurance	I/We agree that the Bank may premiums and public utility acco	debit funds from my/our depo rding to the details I/we have pr	sit account for payme ovided hereunder, not	:	Sincerely yours	
				Signature of the Conse) enting Party as given to the Bank	
For Ba	ank Use Only	Bank Code – Offi	ce/Branch			
To Manag	er of the company/state enterpri				proceed as requested from	