

**Letter of consent for Direct debit of iCurrent
for UOB Credit Card/ UOB Cash Plus/
UOB i-Cash/ UOB Car2Cash**



ธนาคารยูโอบี จำกัด (มหาชน)
ถอยไป อาคาร รศทพ 690 ถนนสุขุมวิท แขวงคลองตันใต้ เขตคลองเตย กรุงเทพฯ 10110
United Overseas Bank (Thai) Public Company Limited
UOB Plaza Bangkok 690 Sukhumvit Road, Khlong Tan, Khlong Toei, Bangkok 10110

Applicant

Date...../...../.....

Name-Surname.....

ID. Card Number

Telephone number.....

I agree and authorize United Overseas Bank (Thai) Public Company Limited, hereinafter referred to as the "Bank", to debit funds from my deposit account designated hereunder in order to repay any debts, interest, penalty interest, penalty fee, fee or any other expenses in connection with the following services;
Please select the services

<input type="checkbox"/> UOB Credit Card Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> The full amount as specified in the billing statement <input type="checkbox"/> The minimum of 5% Debiting from the account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account name.....
<input type="checkbox"/> UOB Cash Plus Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> The full amount as specified in the billing statement <input type="checkbox"/> The minimum of 2.5% Debiting from the account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account name.....
<input type="checkbox"/> UOB I-Cash Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Debiting from the account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account name..... The full amount as specified in the billing statement
<input type="checkbox"/> UOB Car2Cash Credit Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Debiting from the account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account name..... The full amount as specified in the billing statement

- I agree to deposit sufficient funds into my account before the payment due date in order to repay the debts via this Direct Debit services. In the event that there are insufficient funds in the aforementioned account, I fully understand that the Bank will not proceed to debit any fund from my account and I, thereby, give my consent to the Bank to charge fees including debt collection fee pursuant to the Bank's right in accordance with the laws, and to charge the interest as specified in the Bank's announcement at any time. I agree that such amount shall be deemed as an outstanding balance until fully paid.
- I agree and warrant that the debiting of funds from my account by the Bank under this letter of consent is made in accordance with my own request. Should there be any damages or errors incurred to the Bank, I agree to fully indemnify the Bank immediately.
- In the event that the account number specified in this letter of consent has changed due to any reasons, my consent shall still be effective for such account regardless of the change in account number, without requiring me to execute a new letter of consent.
- This letter of consent shall be effective from the date first written above until I notify the Bank of the revocation in writing not less than 30 days in advance before the payment due date.
- I agree that in the event that I close the account specified in this letter of consent, I shall immediately notify the Bank in writing. In the event that I do not notify the Bank as such, I agree to repay any debts, interest, penalty interest, penalty fee, fee or any other expenses to the Bank at the amount specified by the Bank which the Bank shall notify me in accordance with relevant agreements.

In witness whereof, I hereby have caused this letter of consent to be duly executed with stamp (if any) in the presence of witnesses on the day first written above.

Signed.....the Account Owner/ Person granting consent
()

Signed.....Witness
()

Signed.....Witness
()

For bank use only:

Branch.....Branch code.....Officer name.....

