

**AUTOMATIC DEBIT
AUTHORIZATION SLIP**



Date: 01/24/2014

Code: SGC-GAC-ADM-P01-F02

Version: 1.3

I authorize MNK Seguros Compañía Aseguradora S.A. to charge my ☐ credit card ☐ debit card

☐ Visa

☐ Master Card

No. _____

Issuing bank: _____

Expiration date: _____

Month

Year

Policy number

Type of insurance

I hereby authorize and agree to maintain my credit/debit card in optimum condition to support the payment as requested in this automatic charge.

If there are no funds in the account on the expiry date specified in the Special Terms and Conditions for the automatic debit, or if the expiry date falls on a non-business day, I, the Cardholder authorize the automatic debit to be made on subsequent dates in order to achieve the purpose of the transaction.

In the event of early termination of the insurance contract, this must be done at the express request of the policyholder or insured, as provided for in the General Terms and Conditions, through their insurance intermediary. This request must be made at least one month in advance of the next card charge, in accordance with article 16 of law 8956, otherwise the corresponding charge will be made.

Likewise, I release MNK Seguros and the company that manages the card from any liability that may arise from the failure to comply with this obligation, and I understand that in the event that the payment cannot be made, the insurer may cancel the insurance contract.

I accept the conditions set forth in this authorization and I agree to check the validity of the above-mentioned charge each month on the account statements issued by the issuer, as well as to inform MNK Seguros of any change in the number or expiration date of the registered card.

Signed in _____ on _____.

Cardholder's name: _____

Identity card number: _____

Telephone: _____

Customer's signature

The contractual documentation and the technical note of the products used by MNK Seguros are registered with the General Superintendence of Insurance of Costa Rica, in accordance with the provisions of article 29, paragraph d) of Law 8653, Insurance Market Regulatory Law.

Please attach to this form:

- Photocopy of the front of the card.
- Photocopy of the cardholder's identification card.



Cédula jurídica 3-101-666929, licencia N° A13.



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