

# PORTFOLIO CREDIT INSURANCE

## Revocation of a Direction to Pay

On \_\_\_\_\_, a Direction to Pay was given in connection with policy no. \_\_\_\_\_ (the "Policy") to the insurer(s) (as identified under such Policy) by \_\_\_\_\_ (the "Main Insured"), in favor of \_\_\_\_\_ (the "Financial Institution").

The Main Insured now wishes to revoke that Direction to Pay, effective as of \_\_\_\_\_.

|                       |  |
|-----------------------|--|
| Name of Main Insured: |  |
| Contact Name & Title: |  |
| Authorized Signature: |  |
| Date:                 |  |

The undersigned, as beneficiary of the Direction to Pay, consents to its revocation and confirms that it has no interest in the Policy.

|                                |  |
|--------------------------------|--|
| Name of Financial Institution: |  |
| Contact Name & Title:          |  |
| Authorized Signature:          |  |
| Date:                          |  |