

AMERICAN EXPRESS® INTERNATIONAL CURRENCY CORPORATE CARD

SEPA Business-to-Business Direct Debit Recurrent Mandate - Company

Euro Accounts only - Centrally settled

This mandate is to be used only for direct debits set up with banks in SEPA zone countries or territories, which are outside the Company's home state, where the bank is SEPA DD ready and the account transacts in Euros.

Please ensure you complete the application form **electronically**. All fields **MUST BE** completed in order for this form to be processed.

1. Company Information

Company Name:	<input type="text"/>	
	<input type="text"/>	
Company Address:	<input type="text"/>	
	<input type="text"/>	
Postal Code:	<input type="text"/>	Country: <input type="text"/>
Office Telephone Number: (inc. country and area code)	<input type="text"/>	
Basic Account:	<input type="text"/>	
or Business Travel Account Number:	<input type="text"/>	One mandate required per BTA.

2. Bank Information

Please provide your bank details to instruct your Bank to make payments directly from your account for your recurring charges, that will also be used by American Express Europe S.A. to return any positive balance on the Account.

Bank Name:	<input type="text"/>
IBAN Account Number:	<input type="text"/>
BIC (8 or 11 digits):	<input type="text"/>

3. Authorised Signature on behalf of the Company

American Express SEPA Creditor IDs:
 Eurocard: **GB03ZZZSDDDEUT000000165752**
 IEC EBTA: **NL78ZZZ332722460000**

Recurrent payment

By signing this mandate form, you authorise (A) American Express Europe S.A. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from American Express Europe S.A.

This mandate is only intended for business-to-business transactions. You are not entitled to a refund from your bank after your account has been debited, but you are entitled to request your bank not to debit your account up until the day on which the payment is due.

The undersigned herewith authorises American Express Europe S.A. (until further notice) to take the full statement amount for the Business Travel Account or Master Account from the above mentioned bank account. This application needs to be legally signed on behalf of the Company by the Authorised Signatory.

- I confirm that the amounts to be debited are variable and may be debited on various dates.
- I shall duly notify American Express Europe S.A. if I wish to cancel this mandate.

Full First and Middle Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Job Title:	<input type="text"/>

Date:

Signature

X

Place:

Banks and building societies may not accept SEPA Direct Debit Instructions for some types of accounts.

Please ensure the form is completed and signed on behalf of your business and send via email to the appropriate email address:

Green and Gold Corporate Accounts: ICCDirectDebitSetup@aexp.com
Business Travel Account: corporateadmin-btaamsterdam@aexp.com