

AMERICAN EXPRESS® CORPORATE PROGRAMME INTERNATIONAL CURRENCY CARD

SEPA Direct Debit Recurrent Mandate - Cardmember

Euro Accounts only – Individually Settled

Please ensure you complete the application form **electronically**. When completed please print, have the form signed by hand and return it by email to ICCDirectDebitSetup@aexp.com. All fields **MUST BE** completed in order for this form to be processed.

1. Cardmember details

Full First and Middle Name(s):	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Last Name:	<input type="text"/>
Permanent Residential Address:	<input type="text"/>
Postal Code:	<input type="text"/> Country: <input type="text"/>
Office Telephone Number: (inc. country and area code)	<input type="text"/>
Card number:	<input type="text"/>

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. Signature

SEPA Monthly Direct Debit Mandate

American Express SEPA Creditor ID: **GB03ZZZSDDDEUT000000165752**

Recurrent payment

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

As part of your rights, you are entitled to a refund from your bank under the Terms and Conditions of your agreement with your bank. A refund must be claimed as soon as possible and at the latest within eight (8) weeks starting from the date on which your account was debited.

The undersigned herewith authorises American Express Europe S.A. (until further notice) to take the full statement amount from the above mentioned bank account number.

- 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.

Date:	<input type="text"/>	Signature	<input type="text"/>
Place:	<input type="text"/>		

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