

AMERICAN EXPRESS DIRECT DEBIT ENROLMENT FORM

FORM A

To,
American Express Banking Corp.,
Cyber City, Tower C, DLF Bldg. No. 8,
Sector - 25, DLF City Phase - II,
Gurgaon - 122002, Haryana

Dear Sir,

Re: AUTHORISATION TO PAY CHARGE CARD BILLS THROUGH THE NATIONAL AUTOMATED CLEARING HOUSE (NACH)

1. Name: _____

2. Card Number: _____

3. Particulars of Bank Account: _____

a) Name of Account Holder: _____ b) Bank Name: _____ c) Branch Address: _____

d) 9-digit code number of the Bank and branch appearing on the MICR or IFSC cheque issued by the Bank: _____
(Please attach a cancelled blank cheque or its photocopy)

IFSC: _____

e) Account Type: _____ SB/CA/SBNRE/SBNRO/Others _____ f) Ledger Folio Number: _____
(If appearing on the cheque book)

g) Account Number: _____
(As appearing on the cheque book)

I, the undersigned, hold an American Express Charge Card.

I hereby authorise to debit month-on-month the above account towards full amount of my monthly dues on my American Express Charge Card as raised by American Express Banking Corp. (AEBC). I understand that the amount specified in Form B will be the maximum amount that can be debited in any one transaction. If a payment required is greater than this amount, multiple debits may be taken to transfer the full amount due as per the billing statement.

I wish to avail of the Direct Debit Facility and hereby express my unconditional consent to debit payment of the amount of the monthly bills of my Card Account (or of any Replacement/Renewal Card that may be issued on the Card Account in lieu thereof) through participation in the NACH of the NPCI of the Reserve Bank of India. I also unconditionally and irrevocably authorise American Express Banking Corp. (AEBC) to raise debits for such regular payments against the aforementioned Bank Account Number.

I hereby declare that the particulars given above are true and complete. If the transactions based on my above instructions are delayed, or are not affected for any reasons whatsoever, I agree not to hold AEBC responsible for any loss/damage/inconvenience that may arise.

I agree and understand that my Bank shall be informed of this authorisation as per the enclosed letter. Also, I understand that the above instructions cannot be withdrawn/cancelled except after due intimation and with the written consent of AEBC for the payment of the Card dues.

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Please Note:
 • Invalid or incomplete form will not be acceptable.
 • Please read instructions carefully before filling form.

Note: Please complete in all respect.
See reverse for instructions.

FORM B

UMRN
To be filled by Bank
Date

Tick **CREATE** Sponsor Bank Code SCBL0036001 Utility Code NACH00000000001292

MODIFY I/we hereby authorise American Express Banking Corp. to debit (tick) SB/CA/SBNRE/SBNRO/Others

CANCEL Bank a/c number

With Bank IFSC or MICR

an amount of Rupees ₹

Frequency: Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1: To be filled by Bank Phone No.

Reference 2: To be filled by Bank E-mail ID

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my Account as per latest schedule of charges of the Bank.

Period From <input style="width: 100%; border: none; border-bottom: 1px solid black; text-align: center; font-family: monospace; font-size: 1.2em; letter-spacing: 0.5em;" type="text"/> To* <input style="width: 100%; border: none; border-bottom: 1px solid black; text-align: center; font-family: monospace; font-size: 1.2em; letter-spacing: 0.5em;" type="text"/>	_____ Signature of Primary Account Holder 1. Name as appearing on Bank Records or Company Seal	_____ Signature of Account Holder 2. Name as appearing on Bank Records or Company Seal	_____ Signature of Account Holder 3. Name as appearing on Bank Records or Company Seal
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- I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.
- This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the user entity/corporate to debit my account based on the instructions as agreed and signed by me.
- I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellations/amendment requests to the user entity/corporate or the bank where I have authorized the debit.
- I/We have understood that American Express Banking Corp. (AEBC) reserves the right to reject the NACH request in case the 'Period From and To Date' is blank.
- *To 'date should be equal to or less than 40 years from the 'Date' on the top right corner of FORM B. Maximum period of validity of this mandate is 40 years only

Instruction to fill Form B (Mandate provided by NPCI)

- **Date** - DD/MM/YYYY format
- **To Debit** - Tick on the Bank Account type (SB/CA/SBNRE/SBNRO/others)
- **Bank a/c number** - Customer's Bank Account Number (Maximum length – 35 Alpha Numeric Characters)
- **With Bank** - Name of Bank
- **IFSC/MICR** - Code of customer's Bank (Maximum Length – 11 Alpha numeric characters for IFSC & 9 numeric for MICR Code)
- **An amount of Rupees** - Maximum amount per transaction that could be processed in words*. Amount in figures, similar to amount mentioned in words*

*Please fill in the maximum amount per transaction that can be processed (this field is mandatory).

In the event of your amount payable is less than the maximum amount provided in Form B; **one debit** request will be sent to your Bank. Following is the illustration to depict this:

Maximum amount provided in Form B : ₹20,000
Amount payable : ₹15,000
Amount debited to Customer's Bank Account : ₹15,000

In the event of your amount payable is more than the maximum amount provided in Form B; **multiple debit** requests will be sent to your Bank. Following is the illustration to depict this:

Maximum amount provided in Form B : ₹20,000
Amount payable : ₹75,000
Amounts debited to Customer's Bank Account : ₹20,000 + ₹20,000 + ₹20,000 + ₹15,000 (4 Debits)

It is suggested to provide the maximum amount keeping your spending pattern in mind. A smaller maximum amount, may lead to multiple debits to your Bank Account along with multiple SMS from the Bank.

- **Phone No.** - Telephone No. with STD code or 10-digit mobile number of customer
- **E-mail ID** of the customer
- **Period** - Please provide start date (same as date of submission on top right corner of FORM B) and end date (maximum 40 years effective start date)
- Name of customer (as appearing on Bank records) and signatures, Company Seal (where required) (Maximum length of Name – 40 Characters)

Please note CC Bank Accounts are not supported.

Please attach a copy of cancelled cheque along with the dully filled form.

Please note that the Frequency and Debit Type fields on Form B have been pre-filled in accordance with the associated terms and conditions related to the Card product under which you are required to pay Credit Card outstanding. In case you choose to, you may pay your Credit Card outstanding through alternate payment channels as available on <https://www.americanexpress.com/india/>

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