

AMERICAN EXPRESS CORPORATE PROGRAMME

SEPA B2B Direct Debit Mandate Recurrent Payments outside Spain

The information given on this form will be treated as strictly confidential. Please complete this form, sign it and send it to the following address: American Express Europe, S.A., corporate customers department, Avenida Partenón 12-14, 28042 Madrid.

1. Company details

Company name:	<input type="text"/>		
Company NIF or fiscal licence number:	<input type="text"/>		
Registered office:	<input type="text"/>		
City:	<input type="text"/>	Post code:	<input type="text"/>
Country:	<input type="text"/>		

2. Product/Application level

Application at Company Account level

Please indicate the number(s) of the basic control account(s) if the application is being made at Company Account(s) level (all products within the Company Account).

N° of Control Account 1:	N° of Control Account 2:	N° of Control Account 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Application at card level

Please indicate the Card number(s) if the application is being made at Card(s) level.

N° of Card 1:	N° of Card 2:	N° of Card 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Reason for Direct Debit outside Spain

Please indicate the reason for choosing to mandate a direct debit in a bank account that is not located in Spain:

4. Bank details for Balances in your favour

Please indicate a bank account in which American Express Europe S.A. can refund any outstanding balance in your favour - if applicable under current legislation

Accountholder:	<input type="text"/>
Bank:	<input type="text"/>
IBAN Code:	<input type="text"/>

Signature of the Attorney-in-fact representing the Company:

X

Given name and surname

Date

Signature of second Attorney-in-fact: (in the case of joint attorneys-in-fact)

X

Given name and surname

Date

The information I have provided in this form is true. On behalf of the Company and in my capacity as Proxy, I confirm that I have the authority granted by the rest of the people who appear in this document to communicate their data to American Express Europe SA and that I have informed them that new identification checks and data verification may be requested from them. Since the information that I have provided is personal in nature, I understand that such information will be processed in compliance with the relevant data protection laws. Personal information will only be obtained for the purposes indicated in the corresponding section.

Do not forget to attach your ID. If the signature on this document is different from that on the application, the latter could be rejected

SEPA_DD_StandAlone_CrossBorder_B2B_June2024

American Express Europe, S.A. Avenida Partenón 12-14, 28042 Madrid. Tax ID nº A- 82628041. Commercial Register of the Province of Madrid, Volume 15348, Section 8 of the Companies Book, Folio 204, Sheet M-257407. Payment institution authorised on payment services. www.americanexpress.es



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SEPA B2B Direct Debit Mandate for Recurrent Payments

SEPA B2B DIRECT DEBIT SCHEME

The SEPA B2B direct debit scheme has been specifically designed for business customers, and will enable your business to enjoy greater security, since each direct debit transaction will be individually verified by your bank.

Follow these instructions:

- 1. Once we have received and processed your Direct Debit Mandate, we will send you a Unique Mandate Reference (UMR) that you must give your bank.
- 2. Your bank will activate the SEPA B2B direct debit within a maximum of 5 business days.

Please note that if you bank has not received the UMR when the first direct SEPA B2B debit is sent, it could be rejected so we would have to request an alternative payment.

Should there be any delay, please contact us to establish an alternative form of payment until the direct debit SEPA B2B has been activated.

SEPA B2B DIRECT DEBIT MANDATE

SEPA DIRECT DEBIT MANDATE



SEPA IDENTIFICATION OF THE CREDITOR: American Express Europe S.A. ES56ZZZA82628041

By signing this direct debit mandate, the debtor authorises (A) American Express Europe S.A. to send instructions to the debtor's bank to debit their account and (B) the bank to debit their account in accordance with the instructions of American Express Europe S.A. This mandate relates solely to transactions between companies. The debtor cannot seek reimbursement once the debit has been made, but they can request their bank not to debit their account before the due date of the payment. You can obtain detailed information about the procedure from your bank. The undersigned certifies/certify that all the data given below are true and completely accurate on the date of signing.

Accountholder:

Bank:

IBAN Code:

Signature of the Attorney-in-fact representing the Company: 	Given name and surname <input type="text"/> <input type="text"/>	Signature of second Attorney-in-fact: (in the case of joint attorneys-in-fact) 	Given name and surname <input type="text"/> <input type="text"/>
	Date <input type="text" value="DDMMYY"/>		Date <input type="text" value="DDMMYY"/>

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