# American Express® Corporate Card Cardmember Direct Debit Request Form

New Zealand

## **Corporate Card Cardmember Direct Debit Request Form**

To enrol in the Direct Debit programme simply complete all the details and return the original form to us. Mail to: American Express International (NZ), Inc., PO Box 4005, Shortland Street, Auckland 1140 DO NOT FAX THIS ENROLMENT FORM DUE TO LEGAL REOUIREMENTS

1. I ("Customer")		
American Express Corporate Card Number: 3 7 7 4 1 1		
I, Cardmember Name:		
Company Name:		
Corporate ID:		
Card Member Address:		
Post Code: Telephone: ( )		
2. This is your authorisation to the nominated Financial Institution to debit the nominated account by the Direct Debit System		
To: The Manager, Please	e print full postal address clearly for window envelope	Date://
Name of Financial Institution		AUTHORITY TO ACCEPT DIRECT DEBITS
Branch Address (P.O. Box)		(Not to operate as an assignment or agreement)  AUTHORISATION CODE
Town/City		0 3 0 1 0 7 9 (USER NUMBER)
3. Details of the Account to be Debited		
Name of Account:		
Account Number:  Bank Branch No. Account Number Suffix		
To ensure that all account details are correct, we ask that you attach a voided cheque or deposit slip to this form.		
Information to Appear on my/our Bank Statement:		
Payer Particulars  Payer Code  Payer Reference		
I/We authorise you until further notice in writing to debit my/our account with all amounts, which American Express International (NZ), Inc. (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We		
acknowledge and accept that the bank accepts this authority only upon the conditions listed on the following page of this form.  1. I ("Customer")		
1.1( Gustoniei )		
Signature of Cardmer	nber:	_ Date://
Authorised Signatory of nominated bank account:		_ Date://
Names of Authorised Signatory (please print): Date:		_ Date://
Other Authorised Signatory of nominated bank account: Date://		_ Date://
Names of Authorised Signatory (please print):		_ Date:///

#### For Bank Use only **Approved** Original - Retain at Branch Date Recorded Checked 0107 Received: by: bv: Copy - Forward to Initiator if requested. 06 01 **BANK STAMP**

# **Conditions of this Authority To Accept Direct Debits**

### 1. The Initiator:

- a) Has agreed to give advance notice of the net amount of each Direct Debit and the due date of the debiting at least 10 calendar days before (but not more than 2 calendar months) the date when the Direct Debit will be initiated. This advance notice must be provided either:
  - (i) in writing; or
  - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

The advance notice will include the following message:

"As you are enrolled in our Automatic Payment Plan, the 'total due' will be debited to your nominated account on (date\*) (unless you contact us beforehand."

- \* This date will be at least two (2) days prior to the initiating date to allow for amendment of Direct Debits.
- b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further Direct Debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

#### 2. The Customer may:

- a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- b) Stop payment of any Direct Debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.

### 3. The Customer acknowledges that:

a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.

- b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
  - the accuracy of information about Direct Debits on Bank statements
  - any variations between notices given by the Initiator and the amounts of Direct Debits.
- e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the nonreceipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

#### 4. The Bank may:

- a) In it's absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- b) At any time terminate this authority as to future payments by notice in writing to me/us.
- c) Charge its current fees for this service in force from time-to-time.

