Direct Debit Form Help

Fill out your Direct Debit form effortlessly by following this quick and easy guide

Unique reference		
number for each Card you	DIRECT DEBIT AGREEMENT AND INSTRUCTIONS	
hold. This was sent to you by a personalised email	The original form must be completed and signed by The Applicant and sent to AMEX (Middle East) B.S.C. (c) ("AEME")	
personalised erriali	Name as on the American Express Card:	
	Reference Number:	
	Emirates ID No.:	
	PAYMENT DETAILS	
The name of the Bank in which	Bank Name:	
you intend to set up Direct Debit	IBAN:	
instructions with	Min. Amount Full Amount	
	CARDMEMBER AGREEMENT AND INSTRUCTIONS	
/ /	These instruct ons shall remain in full force and effective from the date ment oned in his document until a perwise advised by the Ca depember in written.	
	until o herwise advised by he Ca dmember in writing 2. The above direct debit agreement will commence once all details provided have been verified and a confirmation has been received by American Express from the Cardmember's bank for the same. The Cardmember will continue to arrange for payment through other means for the current statement dues until such time that the Cardmember is intimated that his service has been activated Upon confirmation his mode of payment will be enabled by American Express and will	
Your 23-digit IBAN as it appears	be effective from he next generated statement 3 All direct debit payment instruct ons will be sent to he Cardmember's bank on a mon hly basis pror	
on your Bank Statement, starting with 'AE'	to he due date mentioned on he most recent issued statement 4 Any amendment or cancellat on of his direct debit instruct on by the Cardmember should be	
WICH AL	received in writing by American Express Any such request (if approved) will be effective at the latest 30 days from receipt of the cancellation or amendment request	
	5 All direct debit instruct ons are required to be presented and settled wi h the Cardmember's bank n Emirati Di hams (UAE) only Accordingly he direct debit amount(s) for U S Dollar denominated Ca ds will be converted and presented in Emirati Di hams Any related cost of convers on or collect on will be bo ne by the Cardmember	
	6 The Cardmember agrees to ensure hat the bank account designated for direct debit payments is adequately funded to successfully execute he payment instruct ons carried under his direct debit	
	agreement. In the event that he bank account ment oned in his document does not have sufficent funds to cover he outstanding under the Cardmember's American Express Ca d. American Express.	
/	shall at all times have he right to instruct he bank to repeatedly debit he designated bank account for any amounts overdue American Express reserves he right to demand partial payments hrough direct	
Specify the payment amount you would like to settle each month.	debit payment means and may choose to do so at its sole discret on where allowed by local regulat ons	
Note: 'Min. Amount' is applicable to	7 The direct debit mandate form must include Bank Name and IBAN exactly as stated in Cardmember's bank statement	
Cardmembers who hold a Credit Card	8 Should he Cardmember make any payment before he due date he direct debit instruct on(s) will continue to go to the bank for settlement In his case the excess amount will be converted into	
with a revolving payment facility only	credit and posted to he Cardmember's American Express Card 9 Co porate Cardmember's undertake hat having his direct debit instruct on in place does not conflict	
	n any way wi h any co porate polic es or p ocedures of heir employer and confirm hat he employer has prov ded their approval and has no object on to having his arrangement in place. Any amendment created that the first his direct which instruct on a behalf he is proceedings with he laying 4 above.	
	or cancellat on of his direct debit instruct on should be in accordance with clause 4 above SIGNATURE OF APPLICANT:	
	DATE DD MM YYYY	
	FOR AMERICAN EXPRESS USE ONLY	
Only forms containing your physical	First Payment Date: DD MM M YYYYY	
signature will be processed. Please	Cycle:	
do not submit a scanned copy	DD Reference Number:	
	7.16	
	AMERICAN EXPRESS	
	5	

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Your 15-digit Emirates		
ID number embossed on your Emirates ID Card	Direct Debit Authority Credit Card تفویض بالخصم المباشر DIRECT >EBIT UAEDDS/DDAC/Rev20140131	AMERICAN EXPRESS
The name of the Bank	Originator Identification Code 8 3 1 0 0	0 0 0 8
in which you intend	Originator Name American Express (Middle East) - B.5	S.C © - Emirates
to set up Direct Debit \	Primary Sponsoring Bank 118 AMEX (Middle Eas	
instructions with		
	ير فردي ☐ Non-Individual فردي ∑ Non-Individual فردي ☐ Non-Individual	نوع العميل* غ
	Customer ID Type + Number* EID	نوع بطاقة تعريف العميل + الرقم*
The registered bank	1* Bank Name	1* اسم البنك
account owner's name as it appears on	2* Title of Account	2* اسم الحساب
your bank statement	3 Mobile Number –	3 رقم الهاتف المحمول
/,	4 Email Address	4 عنوان البريد الإلكتروني
	5 Account Type Current/Savings Account ☑ حساب توفير/حساب جاري	5 نوع الحساب
Your 10-digit mobile	6* IBAN A E	6* رقم الحساب الدولي
number, starting with '05'	7 Issued for Credit Cards ☑ بطلقة الائتمان	7 أصدرت ل
	8* Commences On / / /	8* تبدأ في
	9 Expires On 01/01/1900	9 تنتهي في
The email address that you	10 Variable for Ca d Variable ✓ مالحة	10 صلاحية البطاقة
have registered against /	11* Payment Frequency Daily يومي Weekly اسبوعي Mon hly	11* طريقة الدفع شهري 🗵
your American Express / Card Account(s)	12* Maximum Amount x , x x x , 0 , 0 0 (Leave blank if amount as clabe paid)	aimed can الحد الأقصى *12
	13* Currency Code AED	13* رمز العملة
/ /	(For official use only – Will be filled in by he Card Issuer) نملاً من قبل مصدر البطاقة)	(للاستعمال الرسمي – سته
Your 23-digit IBAN	Credit Card Number x	
as it appears on your	Name on Card	الاسم على بطافة الائتمان
Bank Statement, starting with 'AE'	DDA Purpose Code Credit Card ☑ بطلقة اثتمان 3 9 0	رمز تقويض الخصم المباشر
	Remarks	ملاحظات
The date you		
complete this form in DD/MM/YYYY format	account to the Creditor at its account with the Leventor bank on the basis of the information provided in this Mandate and in accordance with the terms and conditions of this Mandate set out in the form the Rules of the UAEDDS and any additional terms and conditions governing my bank accounts or relationship with you Where this Mandate is being signed by a corporate entity the undersigned is an authorized signatory for the entity	الثقافية وتقويض النبوض النبوض النبوض النبوض النبوض عن البائوض الخال النبوض النبوض النبوض النبوض النبوض النبوض النبوض النبوض النبات النبوض الن
Only forms containing your physical signature	Payer Name, Signature & Date* التوقيع السم الدافع، التوقيع والتاريخ Signature & Verified	الاسم
will be processed. Please do not submit a scanned copy	Signature I/We have read and understood he te m and conditions printed overleaf. لقد قرأت/قرأنا وتفهمت/تفهمنا الشروط والأحكام الواردة في الصفحة التالية. [I have] [I have not] left he maximum amount as blank	التوقيع e

Attach a copy of both your Emirates ID and Bank Statement, which displays your full name and IBAN details with this form.