## The American Express® Corporate Card Direct Debit Form Help

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

The first four and last four digits of your Card number embossed on your American Express Card	CORPORATE PAYMENT SOLUTIONS  DIRECT DEBIT AGREEMENT AND INSTRUCTIONS The original form must be completed and signed by The Applicant and sent to AMEX (Middle East) B.S.C. (c) ("AEME")  Card Number:  X X X X X X X X X X X X X X X X X X X						
Your email address	Name as on the American Express Card:  Corporate Name:  Email:  Mobile:						
Your mobile number	Emirates ID No.:  PAYMENT DETAILS  Bank Name:  IBAN:						
The name of the Bank in which you intend to set up Direct Debit instructions with	CARDMEMBER AGREEMENT AND INSTRUCTIONS  1. These instructions shall remain in full force and effective from the date mentioned in this document until otherwise advised by the Cardmember 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 this service has been activated. Upon confirmation, this mode of payment will be enabled by American Express and will be effective from the next generated statement.  3. All direct debit payment instructions will be sent to the Cardmember's bank on a monthly basis prior						
Your 23-digit IBAN as it appears on your Bank Statement, starting with 'AE'.	Any amendment or cancellation of this direct debit instruction by the Cardmember shailed in articularly basis pind to the due date mentioned on the most recent issued statement.  Any amendment or cancellation of this direct debit instruction by the Cardmember should be 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 instructions are required to be presented and settled with the Cardmember's bank in Emirati Dirhams (UAE) only. Accordingly, the direct debit amount(s) for U.S. Dollar denominated Cards will be converted and presented in Emirati Dirhams. Any related cost of conversion or collection will be borne by the Cardmember.  6. The Cardmember agrees to ensure that the bank account designated for direct debit payments is adequately funded to successfully execute the payment instructions carried under this direct debit agreement. In the event that the bank account mentioned in this document does not have sufficient funds to cover the outstanding under the Cardmember's American Express Card, American Express						
The 'Full Amount' of your Corporate Card dues to be settled each month	shall at all times have the right to instruct the bank to repeatedly debit the designated bank account for any amounts overdue. American Express reserves the right to demand partial payments through direct debit payment means and may choose to do so at its sole discretion where allowed by local regulations.  7. The direct debit mandate form must include Bank Name and IBAN exactly as stated in Cardmember's bank statement.  8. Should the Cardmember make any payment before the due date the direct debit instruction(s) will continue to go to the bank for settlement. In this case, the excess amount will be converted into credit and posted to the Cardmember's American Express Card.  9. Corporate Cardmember's undertake that having this direct debit instruction in place does not conflict in any way with any corporate policies or procedures of their employer, and confirm that the employer has provided their approval and has no objection to having this arrangement in place. Any amendment or cancellation of this direct debit instruction should be in accordance with clause 4 above.						
Only forms containing your physical	SIGNATURE OF APPLICANT:  x						
signature will be processed. Please do not submit a scanned copy	FOR AMERICAN EXPRESS USE ONLY  First Payment Date: D D M M Y Y Y Y  Cycle:  DD Reference Number:						

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

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Your 15-digit Emirates													
ID number embossed on your Emirates ID Card	Direct Debit Authority Credit Card تفويض بالخصم المباشر بطاقات ائتمان		DIRECT			DEBIT				ICAN RESS			
The name of the Bank	Originator Identification Code		8	3	1	0	Το	0		0	0	8	
in which you intend	Originator Name				Ame	rican Express (	Middle E	ast) - B.S.C	© - Emir	rates			
to set up Direct Debit \	Primary Sponsoring Bank												
instructions with	Customer Type*		غیر فردی ∐ Non-Individual غیر فردی ∑									العميل*	
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	oustomer is type : Number		LID							رسم	ریت انعمین ۱۰۰۰		
The registered bank account owner's	1* Bank Name										البنك	اسه	*1
name as it appears on	2* Title of Account										الحساب	اسه	*2
your bank statement	3 Mobile Number			_						,	الهاتف المحموا	رقم	3
	4 Email Address							'	'	وني	ان البريد الإلكتر	عنو	4
	5 Account Type Current/Savings Accou										نوع الحساب		5
Your 10-digit mobile	6* IBAN	A E			ПП						الحساب الدولر	رقم	*6
number, starting with '05'	7 Issued for		بطاقة الائتمان ☑ Credit Cards								رت لـ	أصد	7
	8* Commences On		Т	/	Т	/					َ في	تبدأ	*8
	9 Expires On				01	/01/1900					ي في	تنته	9
The email address that you	10 Variable for Card		صالحة Variable 🗹								إحية البطاقة	صلا	10
have registered against /	11* Payment Frequency	Daily ☐ يومي Weekly [				۔۔۔۔۔۔۔۔۔ اُسبوع <i>ي</i> □ ly	شهري ∑ Monthly اسبوعي □				بقة الدفع	طري	*11
your American Express / / Card Account(s)	12* Maximum Amount	x , x x	x x ,	o	, 0 0	(Leave blank if amount as claimed can be paid)					، الأقصى	الح	*12
	13* Currency Code	e e					AED				رمز العملة		
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Your 23-digit IBAN as it appears on your	Credit Card Number		x x x		x x	بطاقة) (l Issuer x x x x	ر مصدر ال x x	- سنملا من فبا x x x x	الرسمي -		رد م بطافة الائتمار	ā.	
	Name on Card	1	.   .   .		.   .	·   ^   ^   ^   ^   ^   ^				الاسم على بطافة الائتمان			
Bank Statement,	DDA Purpose Code	Credit	t Card 🔽	اقة ائتمان	3 بط	9 0	9 0				رمز تفويض الخصم المباشر		
starting with 'AE'	Remarks										ملاحظات		
/													_
The date you complete this form in DD/MM/YYYY format	Agreement and Authorization By signing in the box below. I/we instruct and authorise you to pay Direct Debits from my/our account to the Creditor at its account with the Creditor 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 withy out. Where this Mandate is being signed by a corporate entity, the undersigned is an authorized signatory for the entity.  I/we confirm I/we have read and understood the terms and conditions applying to this Mandate as set out in this form.					بالوقيع - من المراح المدادي المراح ا							
Only forms containing your physical signature	اسم الدافع. التوقيع والتاريخ Payer Name, Signature & Date*				التوقيع اس Signatu Verifie	re	Name			م	الاس		
will be processed.  Please do not submit a scanned copy	ا/We have read and understood أحكام الواردة في الصفحة التالية.   have] ا ∐   have nol ا	نا الشروط والأ	قهمت/تفهما	ت/قرأنًا وة	لقد قرأ			Signature				بقيع	التوة

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