

AUTOMATIC PAYMENT PLAN ENROLMENT FORM

THE BUSINESS CARD

This is your Authorisation to American Express Australia Limited to debit your nominated account by the Direct Debit System. To be completed by the Basic Cardmember and must be signed by all nominated account holders if it is a joint account.

BASIC Cardmember's Business Card Account:

| | | | | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|--|---|---|
| 3 | 7 | 6 | 0 | 1 | | | | | | | 0 | 0 |
|---|---|---|---|---|--|--|--|--|--|--|---|---|

| | |
|--------------|---------------|
| I/We Surname | Given Name(s) |
|--------------|---------------|

| |
|---------|
| Address |
|---------|

| | | |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

request and authorise American Express Australia Limited (User ID No. 517), subject to the Direct Debit Request Service Agreement (printed overleaf), to debit any amount from my/our nominated account at the financial institution as follows:

| |
|----------------------------|
| Financial Institution Name |
|----------------------------|

| |
|--------|
| Branch |
|--------|

| |
|---------|
| Address |
|---------|

| | | |
|--------|-------|----------|
| Suburb | State | Postcode |
|--------|-------|----------|

| |
|--|
| Account Name (company account will not be accepted) |
|--|

| |
|------------|
| BSB Number |
|------------|

| |
|----------------|
| Account Number |
|----------------|

Please note: To ensure your account details are correct, **please attach a deposit slip or voided cheque.** The Direct Debit System cannot be used with passbook savings accounts or accounts outside Australia. Please confirm with your financial institution that your nominated account can accept direct debits.

Acknowledgement


By signing this Direct Debit Request I/we acknowledge: • having read and understood the Direct Debit Request Service Agreement and agree to be bound by the terms of that agreement in addition to the terms of my Card Account; and • that this Direct Debit Request requests and authorises American Express Australia Limited to debit amounts from my/our nominated account each month, equal to the full statement payment required on my Card Account.

Details of Basic Business Cardmember

Job title Owner Managing Director Partner Finance Director Other

| |
|-------------|
| Given names |
|-------------|

| |
|---------|
| Surname |
|---------|


| | |
|---|---|
|  Signature of Basic Cardmember | Date <input type="text"/> / <input type="text"/> / <input type="text"/> |
|---|---|

Details of other account holder of nominated account above (if any)

Job title Owner Managing Director Partner Finance Director Other

| |
|-------------|
| Given names |
|-------------|

| |
|---------|
| Surname |
|---------|

| | |
|---|---|
|  Signature of other account holder | Date <input type="text"/> / <input type="text"/> / <input type="text"/> |
|---|---|

The completed form should be returned to:

American Express Australia Limited
GPO Box 4756
Sydney NSW 2001

American Express Australia Limited
(ABN 92 108 952 085)
*Registered Trademark of American Express Company.

APP Basic 3275

DIRECT DEBIT REQUEST SERVICE AGREEMENT

THE BUSINESS CARD

1. This Agreement authorises American Express (User ID No. 517) to withdraw money from your nominated account set out in the Direct Debit Request Form. If you have any enquiries relating to this Agreement you should contact American Express on 1300 132 639.
2. Before you complete the Direct Debit Request Form, you should confirm with your financial institution that your nominated account can accept direct debits. The nominated account must be a personal account belonging to you and every nominated account holder must sign the Direct Debit Request Form.
3. If we want to change this Agreement, we will notify you within 14 calendar days in advance of any change.
4. Please notify American Express in writing if you want to:
 - make a change to this Agreement
 - stop or defer an individual payment
 - cancel this Agreement
5. If you want to dispute a debit that has been made from your nominated account, you should contact us in writing immediately and we will respond to you within seven days.
6. If the debit date is on a weekend or public holiday in Sydney, we will process your payment on the next business day.
7. You must make sure that sufficient cleared funds are available in your nominated account on the payment date. If there are insufficient funds and your financial institution dishonours the payment then:
 - we will charge you a dishonour fee as outlined in your American Express Card Conditions;
 - any charges and tax on those charges incurred by your financial institution may be debited from your account;
 - any charges and tax on those charges incurred by us may be debited from your account; and
 - the amount of the dishonoured debit will be debited to your account.

We also reserve the right to cancel the Direct Debit Request if any debit is returned unpaid by your financial institution.
8. We will keep your financial institution account details confidential. However, we will disclose these details:
 - if you consent; or
 - to the extent required by law, for example if a court order requires disclosure; or
 - for the purposes of this Agreement, for example, to settle a dispute.
9. You indemnify and keep us indemnified against all losses, costs, damages and liability that we suffer as a result of you giving us incorrect or false information in your Direct Debit Request. Your indemnity:
 - extends and covers all changes you make to your Direct Debit Request; and
 - continues after this Agreement is ended.
10. Your financial institution will make the payments for you automatically, 10 days after the date of each Card Statement.

In this Agreement, "American Express", "we", "us" and "our" means American Express Australia Limited (ABN 92 108 952 085).