



Direct Debit Enrollment Form



The Platinum Card[®]



American Express Banking Corp.,
Cyber City Tower C, DLF Bldg No.8, Sector - 25,
DLF City Ph II, Gurgaon - 122002
www.americanexpress.co.in

FORM A

To

American Express Banking Corp.
The Platinum Card Services,
Cyber City, Tower-C, DLF Building No. 8,
Sector-25, DLF City, Phase-II, Gurgaon - 122 002

Dear Sir,

Re: AUTHORISATION TO PAY PLATINUM CARD BILL
THROUGH THE ELECTRONIC DEBIT CLEARING SYSTEM*

1. Name:

2. Card Number:

3. Particulars of Bank Account

a) Name of Account Holder: _____

b) Bank Name: _____

c) Branch Address: _____

d) 9 digit code number of the bank and branch appearing on the MICR cheque issued by the bank

(Please attach a cancelled blank cheque or its photocopy)

e) Account Type: _____
(Savings/Current/CC Account) with code 10/11/13

f) Ledger Folio Number: _____
(If appearing on the cheque book)

g) Account Number:

(As appearing on the cheque book)

Yes, I have attached a cancelled blank cheque or its photocopy

Signature of Basic Card Member Date

* This facility is available in Delhi, Mumbai, Chennai, Kolkata and Bangalore.

FORM B

I, the undersigned hold a Platinum Card.

I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit payment of the amount of the monthly bills of my Card Account (or of any replacement/renewal Card that may be issued on the Card Account in lieu thereof) through participation in the Electronic Clearing System (ECS) of the National Clearing Cell of the Reserve Bank of India. I also unconditionally and irrevocably authorise American Express Banking Corp. (AEBC) to raise debits for such regular payments against my

Bank Account Number _____
with _____ (Bank Name)

I hereby declare that the particulars given above are true and complete.

If the transactions based on my above instructions are delayed, or are not effected for any reasons whatsoever, I agree not to hold AEBC responsible for any loss/damage/inconvenience that may arise.

I agree and understand that my bank shall be informed of this authorisation as per the enclosed letter. Also, I understand that the above instruction cannot be withdrawn/cancelled except after due intimation and with the written consent of AEBC for the payment of Card dues.

Signature of Basic Card Member Date

Note: Please complete in all respects.

FORM C

To:

The Manager

(Bank Name): _____

Bank Address: _____

Dear Sir,

I, the undersigned hold an American Express Platinum Card® and wish to avail of the Electronic Clearing System offered by the Reserve Bank of India towards settlement of my monthly Platinum Card bills.

I have a Bank Account with the following

Account Number: _____

with your Bank. I hereby authorise you to debit month by month to the above mentioned account towards monthly dues on my Platinum Card as raised by American Express Banking Corp. (AEBC).

I further request you to inform AEBC of any change in the status of my account. In case I wish to revoke the above authorisation for any reasons whatsoever, I undertake to inform AEBC of the same in writing.

Signature of Account Holder Date

*Please ensure that a cancelled blank cheque or its photocopy is attached.