

AUTOMATIC PAYMENT PLAN ENROLMENT FORM CREDIT CARDS – DIRECT DEBIT REQUEST



This is your Authorisation to American Express to debit your nominated account by the Direct Debit System.
To be completed by the Basic Cardmember.

Your American Express Card Number

3 7

Yes! I wish to make the minimum monthly repayments, plus any overdue or overlimit amounts, by the Direct Debit facility.

Please choose your monthly payment (tick only one)

Minimum payment (\$30 or 2.5% of closing balance, whichever is greater, plus any over due or over limit amounts).

Full closing balance

Fixed amount \$.00 (The direct debit will be made each month for your chosen amount or the minimum payment whichever is greater).

I/We Surname

of (Address)

Given Name(s)

Suburb

State

Postcode

request and authorise American Express (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:

Bank or Credit Union Name

Branch

Address

Account Holder Name (Company account will not be accepted)

Suburb State Postcode

BSB

Account/Membership 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 (printed overleaf) 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 to debit amounts from my/our nominated account each month, equal to the minimum payment required on my Line of Credit, plus any overdue and/or overlimit amounts.**

Signature of Basic Cardmember

Date / /

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

Date / /

Please mail to:
Reply Paid 1668,
American Express Australia Limited
Sydney NSW 2001

or fax to: **(02) 9271 1999**

Please ensure that all details are completed
before you return your application to us.



Cards

DIRECT DEBIT REQUEST SERVICE AGREEMENT

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.
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 belong 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 financial table;
 - 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.

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