

Direct Debit Request Form



CREDIT CARD DETAILS

This is your Authorisation to American Express® to debit your nominated account by the Direct Debit System.

To be completed by the Primary Cardmember.

David Jones American Express Account Number(s)

3 7 7 7

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

YOUR MONTHLY PAYMENT

Please choose your monthly payment (Tick ONE box only):

- 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).

PERSONAL DETAILS

I/We

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:

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 Primary Cardmember Date

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

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)



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PLEASE RETURN COMPLETED FORM

Mail to: David Jones American Express Card, Customer Service, Reply Paid 3684, Sydney NSW 2001

Or fax to: 02 8271 2244

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