

4. If we want to change this Agreement, we will notify you within 14 calendar days in advance of any change. If you disagree with any change, please notify us within these 14 calendar days.
5. Please notify American Express in writing if you want to:
  - Make a change to this Agreement; or
  - Stop or defer an individual payment; or
  - Cancel this Agreement.
6. 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. If we determine that your nominated account was incorrectly debited we will provide you with reasons for this finding. In either case, we will notify you of the result. If you are not satisfied with our response to your dispute, you can lodge a dispute with your financial institution.
7. We will use our best endeavours to notify you in writing before debiting your nominated account. If the debit date is on a weekend or public holiday in Sydney we will process your payment on the next business day.
8. 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:
  - 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.You must advise us in writing if you close your nominated account.  
We also reserve the right to cancel the Direct Debit Request if any debit is returned unpaid by your financial institution.
9. We will keep your financial institution 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.
10. You indemnify us 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 in your Direct Debit Request; and
  - Continues after this Agreement has ended.

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



GLOBAL  
CORPORATE PAYMENTS



## AMERICAN EXPRESS® Corporate Card

Company Direct Debit Request Form  
Australia



[americanexpress.com.au/cs](https://americanexpress.com.au/cs)

American Express Australia Limited ABN 92 108 952 085

®Registered Trademark of American Express Company.

AE9066 11/14

The American Express® Qantas  
Corporate Card  
Company Direct Debit Request  
Australia

**All fields are MANDATORY and must be completed in black pen and block letters. Please allow up to 10 business days for processing.**



**Please forward completed form to:**

American Express  
GPO Box 5087  
Sydney NSW 2001 Australia  
or fax to +61 2 9263 6025

| Company Details  |                 |
|--|-----------------|
| Company Name: _____  |                 |
| Corporate ID: <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div> |                 |
| This number is located on the top left hand corner of your statement or within your company welcome letter.  |                 |
| Address: _____   |                 |
|  |                 |
|  |                 |
| State: _____   | Postcode: _____ |
| <p>Request you, until further notice in writing, to debit our account detailed on this form, any amounts which American Express Australia Limited. ('The User') (user ID No. 517 or other specified below which is subject to your final approval) may debit or charge us through your standard Direct Debit Program.</p> <p>We understand and acknowledge that:</p> <ol style="list-style-type: none"> <li>1. The Financial Institution may in its absolute discretion determine the order or priority of payment by it of any moneys pursuant to this request or any authority, or mandate.</li> <li>2. The Financial Institution may in its absolute discretion at any time by notice in writing to us, terminate this request as to future debits.</li> <li>3. The User may, by prior arrangements and advice to us, vary the amount or frequency of future debits.</li> </ol>   |                 |
| Direct Debit Options   |                 |
| <p><b>Select one of the options listed below:</b></p> <div style="margin-bottom: 10px;"> <input type="checkbox"/> <b>Standard Direct Debit; or</b><br/>           (14 days after statement date cycle cut)         </div> <div> <input type="checkbox"/> <b>Variable Direct Debit</b><br/>           (Variable Direct Debit is subject to American Express approval.<br/>           Please consult with your American Express representative before selecting this option).         </div>   |                 |
| <p>If Variable Direct Debit is selected please choose the no. of days:<br/>           No. of days after cycle cut (between 5-25 days) _____;</p>   |                 |
| <p>Please note: The Variable Direct Debit option selected is subject to American Express approval.</p>   |                 |
| <p>Once enrolled into Company Direct Debit, the amount due will be debited as per this direct debit agreement. Please advise your card members to ignore the payment due date on their statement. If you make a payment prior to the scheduled Direct Debit this may not be reflected until the following month.</p>   |                 |

| Credit Processing  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| <b>Please tick which of the following options you require for Direct Debit</b>   |   |  |  |  |  |  |  |
| Unbilled Credits   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |  |  |  |  |
| Unbilled Credits from Merchants or adjustments on all Cards in the Corporate ID will reduce the amount of the total monthly payment. |   |  |  |  |  |  |  |
| Aggregate Credits  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |  |  |  |  |
| Credit balances on all Cards in the Corporate ID will reduce the amount of the total monthly payment.                                |   |  |  |  |  |  |  |
| Financial Institution  |   |  |  |  |  |  |  |
| <b>This is your authorisation to American Express to debit the nominated account by the Direct Debit System</b>                      |   |  |  |  |  |  |  |
| Name of Financial Institution:   |   |  |  |  |  |  |  |
| Branch:  |   |  |  |  |  |  |  |
| Address:   |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| State:   | Postcode:   |  |  |  |  |  |  |
| Details of the Account to be Debited   |   |  |  |  |  |  |  |
| Account Title:   |   |  |  |  |  |  |  |
| Account Number:  |   |  |  |  |  |  |  |
| BSB Number: (Bank/State/Branch)  | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| (Appears to the left of your account number on cheques/deposit slips).   |   |  |  |  |  |  |  |
| To ensure that all account details are correct, we ask that you attach a voided cheque or deposit slip to your application form.     |   |  |  |  |  |  |  |
| (Simply write 'Void' across the front).  |   |  |  |  |  |  |  |
| Office Use Only  |   |  |  |  |  |  |  |
| Internal Direct Debit/Corporate ID:  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Date of Direct Debit:  | / /   |  |  |  |  |  |  |

| To be signed by the Card Program Authorised Signatory   |                 |
|---|-----------------|
| Name of Authorised Signatory:<br>(please print)   |                 |
| Position held in Company:   |                 |
| Signature:  | Date:    /    / |
| To be signed by the Bank Account Authorised Signatory   |                 |
| Signature of<br>Authorised Signatory<br>of the nominated<br>bank account:   |                 |
|   | Date:    /    / |
| Name of Authorised<br>Signatory: (please print)   |                 |
| Signature of<br>Authorised Signatory<br>of the nominated<br>bank account:   |                 |
|   | Date:    /    / |
| Name of Authorised<br>Signatory: (please print)   |                 |
| <p><b>Direct Debit Service Agreement</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Before you complete the Direct Debit Request form, you must check that your nominated account can accept direct debits (some passbook savings accounts and credit cards and accounts outside Australia cannot have direct debits). Contact your financial institution to find out if we can withdraw money from your account by direct debit. Your financial institution may apply charges for allowing direct debits.</li> <li>3. When you complete the Direct Debit Request form you must: <ul style="list-style-type: none"> <li>• Carefully check that the account details are correct by comparing them with a recent statement, cheque or deposit slip from your financial institution; and</li> <li>• Make sure your request is signed in accordance with your authority to operate your nominated account. Every nominated account holder must sign the Direct Debit Request form. The nominated account must belong to you or your company.</li> </ul> </li> </ol> |                 |