



POWER OF ATTORNEY FORM-CARD LEVEL

Select one of the following alternatives:

New Power of Attorney Replace existing Power of Attorney Modify existing Power of Attorney

I hereby give Power of Attorney to the following person:

Name:

National ID number:

Telephone:

Email:

Code selected by Power of Attorney Applicant

Personal code (four digits) to be provided when contacting American Express.

This authorization is granted in order to enable the Power of Attorney to be informed of all the account and balance data and has the right to do the following:

- Address changes
- Blocking of cards
- Ordering of replacement cards / statements (if applicable)
- Disputes
- Cancelling of account and any other additional services

on my American Express card with card number: 3747 – –

Cardmember

Name of Cardmember:

Address:

Telephone:

Postal code/City:

Mobile:

Email:

Signature of Cardmember

Signature:

Place/Date:

This authorization shall remain valid until this authorization is canceled in writing. The validity of the mandate is also terminated by canceling the account.

3rd Party testifies and confirms that the signature is correct:

Signature:

Place/Date:

Name:

Telephone:

Your information will be used in line with American Express's Privacy Statement. For information on how American Express will use your personal data, please visit: americanexpress.dk/privacy

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