

Corporate Card/Application for Interbank GIRO

Interbank GIRO – a safe and convenient way to settle your bill. It will help you establish a prompt payment record and give you greater charge flexibility on the Card. No deposit is required for accounts paid by GIRO.

How Does Interbank GIRO Service Work?

1. Complete the application form to authorise your bank to debit your account for the amount due on your American Express® Card account on the date specified.
2. Your standing order will take effect when the GIRO deduction date is printed on your statement. Bank's processing will take up to 6 weeks. In the meantime, please continue paying your bills by cash.
3. Check your monthly statement and ensure that you have sufficient funds in your account to cover your payment. If you have any queries on your Charges, please call our Customer Service team on 1800 732 2566.

For Applicant's Completion

Date: _____ To: Name of Financial Institution: _____ Branch: _____

Account Details: Tick as appropriate and complete the details. Please fill one form for each bank a/c number.

For Central Pay Account (at company level)

From: _____ Bank Account Number: _____
(Company Name as it appears in the Bank Account)

Control Account number

1.																				
2.																				
3.																				
4.																				

The direct debit can be scheduled to occur 5 to 25 days after your Corporate Card statement date.

Please indicate your selection: Direct debit to occur _____ days after statement date.

(Note: If no selection is made, a default of 10 days after statement date will be implemented.)

Credit Processing

Please tick which of the following options you require for Direct Debit.

Unbilled Credits Yes No

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 No

Credit balances on all Credits in the Corporate ID will reduce the amount of the total monthly payment.

For Individual Pay Account

From: _____ Bank Account Number: _____
(Cardmember's Name as it appears in the Bank Account)

Card Number

3	7	6																		
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The direct debit can be scheduled to occur 5 to 20 days after your Corporate Card statement date.

Please indicate your selection: Direct debit to occur _____ days after statement date.

(Note: If no selection is made, a default of 10 days after statement date will be implemented.)

Interbank GIRO

- I/We hereby authorise you to process American Express International, Inc's instructions to debit my/our account.
- You are entitled to reject American Express International, Inc's instructions if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force until terminated by my/our written revocation through American Express International, Inc.
- I/We consent to the collection, use, disclosure and processing of personal information in accordance with the privacy terms in the American Express Corporate Card agreement.

My/Our Business Contact (Tel*/Fax*) Number(s): _____ My/Our Company Stamp/Signature(s): _____

**Please do not provide any telephone numbers or fax numbers that are reserved for non-business use.*

For Office Use Only

Client's Bank Account Number

Bank	Branch	American Express International Inc. Bank Account No.														
7	1	7	1	0	0	1	0	0	1	0	1	1	4	5	4	9

Bank / Finance Co.	Branch	A / C No. to be debited																		

For Financial Institution's Completion

To: American Express International, Inc. 1 Marina Boulevard, #22-00, One Marina Boulevard, Singapore 018989
 Attention to: CMS GIRO Team

This Application is hereby REJECTED (please tick) for the following reason(s):

- Signature differs from Financial Institution's records Wrong account number Account operated by signature/thumbprint
 Signature incomplete/unclear Amendments not countersigned by customer Other:

Name of Approving Officer	Authorised Signature	Date
Approved by		

V/F _____

Forwarded by: _____
Name of Relationship Manager Signature Date

Approved by: _____
Name of Manager – Corporate Services Signature Date

By signing and transmitting an electronic signature on this document, I confirm that this electronic signature shall be binding.
 I agree to promptly execute and deliver an original signed document upon request.

