

AMERICAN EXPRESS CORPORATE PROGRAMME

SEPA B2B Direct Debit Mandate Recurrent Payments outside Spain

information will only be obtained for the purposes indicated in the corresponding section.

The information given on this form will be treated as strictly confidential. Please complete this form, sign it and send it to the following address: American Express Europe, S.A., corporate customers department, Avenida Partenón 12-14, 28042 Madrid.

1. Company details			
Company name:			
mpany NIF or fiscal licence number:			
Registered office:			
City:			Post code:
Country:			
2. Product/Application level			
Application at Company Acco	ount level		
		lication is being made at Comp	any Account(s) level (all products within
N° of Control Account 1:	N° of Control Account 2:	N° of C	Control Account 3:
Application at card level			
Please indicate the Card number(s)	if the application is being made at C	ard(s) level.	
N° of Card 1:	N° of Card 2:	N° of 0	Card 3:
3 7	3 7	3 7	
3. Reason for Direct Debit out	side Spain		
Please indicate the reason for choos	ing to mandate a direct dehit in a ha	nk account that is not located i	n Snain:
4. Bank details for Balances ir	ı your favour		
Please indicate a bank account in who current legislation	hich American Express Europe S.A. c	can refund any outstanding bala	ance in your favour - if applicable under
Accountholder:			
Bank:			
IBAN Code:			
Signature of the Attorney-infact representing the Company:	Given name and surname	Signature of second Attorn infact: (in the case of joint attorn in-fact)	ey- neys- Given name and surname
X	Date D.D.M.M.V.V	X	Date D.D.M.M.V.V

Do not forget to attach your ID. If the signature on this document is different from that on the application, the latter could be rejected SEPA_DD_StandAlone_CrossBorder_B2B_November2024

The information I have provided in this form is true. On behalf of the Company and in my capacity as Proxy, I confirm that I have the authority granted by the rest of the people who appear in this document to communicate their data to American Express Europe SA and that I have informed them that new identification checks and data verification may be requested from them. Since the information that I have provided is personal in nature, I understand that such information will be processed in compliance with the relevant data protection laws. Personal



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SEPA B2B Direct Debit Mandate for Recurrent Payments

SEPA B2B DIRECT DEBIT SCHEME

The SEPA B2B direct debit scheme has been specifically designed for business customers, and will enable your business to enjoy greater security, since each direct debit transaction will be individually verified by your bank.

Follow these instructions:

- 1. Once we have received and processed your Direct Debit Mandate, we will send you a Unique Mandate Reference (UMR) that you must give your bank.
- 2. Your bank will activate the SEPA B2B direct debit within a maximum of 5 business days.

Please note that if you bank has not received the UMR when the first direct SEPA B2B debit is sent, it could be rejected so we would have to request an alternative payment.

Should there be any delay, please contact us to establish an alternative form of payment until the direct debit SEPA B2B has been activated.

SEPA B2B DIRECT DEBIT MANDATE										
SEPA DIRECT DEBIT MANDATE SEPA IDENTIFICATION OF THE CREDITOR: American Express Europe S.A. ES56ZZZA82628041 By signing this direct debit mandate, the debtor authorises (A) American Express Europe S.A. to send instructions to the debtor's bank to debit their account and (B) the bank to debit their account in accordance with the instructions of American Express Europe S.A. This mandate relates solely to transactions between companies. The debtor cannot seek reimbursement once the debit has been made, but they can request their bank not to debit their account before the due date of the payment. You can obtain detailed information about the procedure from your bank. The undersigned certifies/certify that all the data given below are true and completely accurate on the date of signing.										
Accountholder: Bank: IBAN Code:										

Signature of the Attorney-infact representing the Company:			Signature of second Attorney- infact: (in the case of joint attorneys- in-fact)	Given name and surname					
X	Date	D ₁ D ₁ M ₁ M ₁ Y ₁ Y	X	Date	$D_1D_1M_1M_1Y_1Y$				
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