European SEPA Direct Debit Mandate

For recurring debit

Core

Creditor name: American Express **- Creditor ID: BE39ZZZ0776653759**
Bld. du Souverain, 100, Vorstlaan, 1170 Brussels, Belgium

1. Your Corporate & Card Holder references

Corporate Ref. – –

Card Holder Ref. X X X X – X X X X – X

Your Unique Mandate Reference will be communicated when the direct debit has been set up.

2. Debtor identification

By signing this mandate form, you authorise A) American Express to send instructions to your bank to debit your account and B) your bank to debit your account in accordance with the instructions from American Express for the recurring payment of your spend related to your American Express Account.

☐ Payment by Company's Bank Account

Company Name

Company's Mandated Person :

First name

Last name

☐ Payment by Personal Bank Account

First name

Last name

3. Debtor information

Street

House number Box

ZIP Code Place

Country

Bank account number (IBAN code) :

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BIC Code

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Signature

Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Date D D M M Y Y Y Y Place

Please fill out this document and send it to:
American Express - Bld. du Souverain, 100, Vorstlaan - 1170 Brussels, Belgium
Email to be used by Corporate Cardmembers: corporateservices.be@aexp.com
Email to be used by Programme Administrators: belgiumcommercialservicing.nl@aexp.com

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