

# SEPA CORE DIRECT DEBIT MANDATE - RECURRING

Please complete parts 1 to 3 to instruct your Bank to make payments directly from your account. After completion, please return the form to:

American Express Services Europe Limited  
International Currency Card - Bank Services  
1 John Street  
Dept 45  
Brighton  
BN88 1NH  
United Kingdom

Important: Set up of your Direct Debit instruction may take 2-3 weeks so please ensure you monitor your statements carefully to avoid missing a payment. For more information on SEPA Direct Debit please refer to the American Express website.

American Express Card Number:

3 7 4 3

## 1. YOUR INFORMATION

Name:

Address:

City:

Country:

Postal code:

## 2. YOUR BANK DETAILS

Bank Name:

Bank Branch Address:

City:

Country:

Postal code:

Name on Account:

IBAN:

Swift BIC:

## 3. INSTRUCTION TO YOUR BANK

I request that American Express Services® Europe Limited, as of today will receive the funds until I, in writing, express otherwise.

On the invoice will be the American Express Card Number quoted above.

Payment in settlement of my Card account will be made to American Express from my Bank account named above.

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. 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. Your rights are explained in a statement that you can obtain from your Bank.

City or town in which you are signing:

Signature of **Main** Applicant

X

Signature

DD/MM/YY

### Internal Use Only

Unique Mandate Reference:

Date:

DD/MM/YY

Creditor identification number:

GB87AMXSDDCHAS00000040793401