AMERICAN EXPRESS DIRECT DEBIT ENROLMENT FORM

FORM A			
To			
American Express Banking Corp.			
Cyber City, Tower C, DLF Bldg. No.8			
Sector-25, DLF City, Phase-II Gurgaon-122 002			
Dear Sir,			
Re: AUTHORIZATION TO PAY CHARGE CARD BILLS THROUGH THE NATIONAL AUTOMATED CLEARING HOUSE (NACH)			
1. Name:			
2. Card Number:			
3. Particulars of Bank Account:			
a) Name of Account Holder: b	Bank Name:	c) Bran	ch Address:
d) 9-digit code number of the Bank and branch appearing on the MICR or IFSC cheque issued by the Bank: [
IFSC			
e) Account Type: SB/CA/SBNRE/SBNRO/Others f) Ledger Folio Number: (If appearing on the cheque book)			
g) Account Number: (As appearing on the cheque book)			
I, the undersigned, hold an American Express Charge Card.			
I hereby authorize to debit month-on-month the above account towards full amount of my monthly dues on my American Express Charge Card as raised by American Express Banking Corp. (AEBC). I understand that the amount specified in Form B will be the maximum amount that can be debited in any one transaction. If a payment required is greater than this amount, multiple debits may be taken to transfer the full amount due as per the billing statement.			
I wish to avail of the Direct Debit Facility and hereby express my unconditional consent to debit payment of the amount of the monthly bills of my Card Account (or of			
any Replacement/Renewal Card that may be issued on the Card Account in lieu thereof) through participation in the NACH of the NPCI of the Reserve Bank of India. I also unconditionally and irrevocably authorise American Express Banking Corp. (AEBC) to raise debits for such regular payments against the aforemetioned Bank Account Number.			
I hereby declare that the particulars given above are true and complete. If the transactions based on my above instructions are delayed, or are not affected for any reasons			
whatsoever, I agree not to hold AEBC responsible for any loss/damage/inconvenience that may arise. I agree and understand that my Bank shall be informed of this authorisation as per the enclosed letter. Also, I understand that the above instructions cannot be			
withdrawn/cancelled except after due intimation and with the written consent of AEBC for the payment of the Card dues.			
		X	
Please Note:		Signature of Basic Cardmember	Date
Invalid or incomplete form will not be acceptable. Please read instructions carefully before filling form.			Note: Please complete in all respects. See reverse for instructions.
Jee reverse for instructions.			
	FORM	I B	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	f illed by Ba nk	
UMRN L			
Tick (✓) Sponsor Bank code <u>SCBL0036001</u> CREATE		Utility Code NACH	10000000001292
MODIFY I/We hereby authorize American Expre	ss Banking Corp.	to debit (tick√	SB/CA/SBNRE/SBNRO/Others
CANCEL Bank a/c number			
With Bank IFSC			
an amount of Rupees₹			
'	As & when presented	DEBIT TYPE 💢 Fix	xed Amount
		Phone No	
Reference 2 To be filled by Bank Email ID			
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.			
Period —			
From D D M M Y Y Y Y			
To	count holder	Signature of account holder	Signature of account holder
Or Until Cancelled 1. Name as on bank records	or company seal 2	Name as on bank records or company seal	3. Name as on bank records or company seal

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions agreed and signed by me.

 I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorized the debit.

Instruction to fill Form B (Mandate provided by NPCI)

• Date - DD/MM/YYYY format

• To Debit - Tick on the Bank Account type (SB/CA/SBNRE/SBNRO/Others)

Bank a/c number
 Customer's Bank account number (Maximum length – 35 Alpha Numeric Characters)

• With Bank - Name of Bank

• IFSC/MICR - Code of customer's Bank (Maximum Length – 11 Alpha numeric characters for IFSC & 9 numeric for MICR Code)

An amount of Rupees - Maximum amount per transaction that could be processed in words*. Amount in figures, similar to amount
mentioned in words*

*Please fill in the maximum amount per transaction that can be processed (this field is mandatory).

In the event of your amount payable is less than the maximum amount provided in Form B; one debit request will be sent to your Bank. Following is the illustration to depict this:

Maximum amount provided in Form B : ₹20,000 Amount payable : ₹15,000 Amount debited to Customer's Bank account : ₹15,000

In the event of your amount payable is more than the maximum amount provided in Form B; multiple debit requests will be sent to your bank. Following is the illustration to depict this:

Maximum amount provided in Form B : ₹20,000 Amount payable : ₹75,000

Amounts debited to Customer's Bank account : ₹20,000 + ₹20,000 + ₹20,000 + ₹15,000 (4 Debits)

It is suggested to provide the maximum amount keeping your spending pattern in mind. A smaller maximum amount, may lead to multiple debits to your Bank account along with multiple SMS from the bank.

- Phone No. Telephone no. with STD code or 10 digit mobile number of customer
- Email ID of the customer
- Period Please provide start date
- Name of customer (as appearing on Bank records) and signatures, Company Seal (where required) (Maximum length of Name 40 Characters)

Please attach a cancelled copy of cheque along with the duly filled form.

Please note CC bank accounts are not supported

Please note that the Frequency, Debit Type & Period (ending) fields on Form B have been pre-filled in accordance with the associated terms and conditions related to the card product under which you are required to pay your credit card outstanding. In case you choose to, you may pay your credit card outstanding through alternate payment channels as available on https://www.americanexpress.com/india/

