



AMERICAN EXPRESS® CORPORATE CARD

Company Account National Automated Clearing House (Debit) Enrolment Form

Please mail completed application to: American Express Banking Corp., Cyber City, Tower C, DLF Bldg. No. 8, Sector - 25, DLF City Phase-II, Gurgaon - 122002, Haryana.  
This form is applicable for all liability card types, please read instructions carefully and subsequently fill up the form.

Form A

To,  
American Express Banking Corp.  
Cyber City, Tower C, DLF Bldg. No. 8,  
Sector- 25 DLF City Phase - II,  
Gurgaon - 122002, Haryana

Dear Sir/Ma'am,  
Re: Authorisation to pay Corporate Card bills through the National Automated  
Clearing House (Debit)

1. Name of Company: \_\_\_\_\_

2. Name of Corporate Cardmember: \_\_\_\_\_

3. Corporate Card Number:

4. Particulars of Bank Account:  
A) Name (as per cancelled cheque): \_\_\_\_\_  
B) Bank Name: \_\_\_\_\_  
C) Branch Address: \_\_\_\_\_  
D) 9-digit code number of the bank and branch appearing on the MICR  
cheque issued by the bank:  

(Please attach a cancelled blank cheque or its photocopy)

E) IFSC:

F) Account Type: \_\_\_\_\_ SB/CA/SBNRO/SBNRE/Other  

(Saving/Current Account) with 10/11/13

G) Ledger Folio Number: \_\_\_\_\_  

(If appearing on the cheque book)

H) Account Number: \_\_\_\_\_  

(As appearing on the cheque book)

I/We, the undersigned, declare that at our request American Express  
has issued a

Corporate Card to \_\_\_\_\_  
(Name of Cardmember)

Bearing Card No. \_\_\_\_\_

I/We understand that "Corporate Card" means any Corporate Card issued  
by American Express that has the trade mark, or logo or service mark, or the  
name American Express either in conjunction with any other name or  
otherwise on the face of it.

I/We wish to avail of the National Automated Clearing House (Debit) facility  
and hereby express our unconditional consent to debit payment of the  
amount of the monthly bills of the above mentioned Card Account  
(or of any replacement/renewal Card that may be issued on the Card  
Account in lieu thereof) through participation in the National Automated  
Clearing House (Debit) of the National Payments Corporation of India  
(NPCI). I/We also unconditionally and irrevocably authorise American  
Express Banking Corp. ("AEBC") to raise debits for such regular payments  
against the bank account details provided in the form.

I/We hereby declare that the particulars given above are true and complete.  
If the transactions based on my above instructions are delayed, or are not  
effected for any reason whatsoever, we agree not to hold AEBC responsible  
for any loss/damage/inconvenience that may arise. I/We understand that  
the amount specified in Form B will be the maximum amount that can be  
debited in any transaction. If a payment required is greater than this amount,  
multiple debits may be taken to transfer full amount due as per the billing  
statement. We agree and understand that our bank shall be informed of this  
authorisation as per the enclosed Form B.

Signature of Company's Authorised Signatory (1)  
Applicable to Sole Liability Corporate Cards, Joint and Several Liability  
& Limited Liability Corporate Cards.

Date

Signature of Company's Authorised Signatory (2)  
Applicable to Sole Liability Corporate Cards, Joint and Several Liability  
& Limited Liability Corporate Cards.

Date

Signature of Corporate Cardmember  
Applicable to Individual Liability Corporate Cards Only.

Date

Note: Completion of all fields is mandatory. See reverse for instructions.

Please Note:  
• Invalid or incomplete for will not be acceptable. • Please read instructions carefully before filling form.

Form B

UMRN  To be filled by Bank

Date

Tick (✓)

CREATE

MODIFY

CANCEL

Sponsor Bank code SCBL0036001

Utility Code NACH00000000001292

I/We hereby authorize American Express Banking Corp. to debit (tick ✓) SB/CA/SBNRO/SBNRE/Other

Bank a/c number

With Bank \_\_\_\_\_ IFSC  or MICR

an amount of Rupees ₹ \_\_\_\_\_

Frequency ☒ Mthly ☒ Qtly ☒ H-Yrly ☒ Yrly ☒ As & when presented DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Reference 1 To be filled by Bank 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

To\*

Signature of Primary Account Holder

Signature of Account Holder

Signature of Account Holder

1. Name as appearing on Bank Records or Company Seal

2. Name as appearing on Bank Records or Company Seal

3. Name as appearing 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 debt.  
• I/We have understood that American Express Banking Corp. (AEBC) reserves the right to reject the NACH request in case the "Period From and To Date" is blank.

\*Period 'To date' should be equal to or less than 30 years from the 'Date' on the top right corner (same as Period 'From Date') of Form B.

Instruction to fill Form B (Mandate provided by NPCI)

- **Date** - DD/MM/YYYY format
- **To Debit** - Tick on the Bank Account type (SB/CA/SBNRO/SBNRE/other)
- **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 (Same as date of submission on top right corner of FORM B) and end date (maximum 30 years effective 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 & 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://business.americanexpress.com/in/cm/customer-service>.

