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)   Date
Applicable to Sole Liability Corporate Cards, Joint and Several Liability
& Limited Liability Corporate Cards.

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

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

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.

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Form B

UMRN | | | | | To be filled by Bank | | | | | | | | | | Date | D | D | M | M | Y | Y | Y | Y |

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 | D | D | M | M | Y | Y | Y | Y |
To | — | — | — | — | — | — | — | — |
Or ✓ Until Cancelled

_____   _____   _____
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 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/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
- 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://business.americanexpress.com/in/cm/customer-service

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AMERICAN EXPRESS