

ACH Debit Authorisation Form

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: ACH debit authorisations are only available from USD bank accounts held in the United States. Set-up of your ACH debit authorisation may take between 1-2 weeks. Please monitor your monthly statements which will include the following message once the debit authorisation is in place to collect your balance; "If your account is settled via the ACH debit authorisation scheme the amount due will be collected from your bank account on DD/MM/YY"

American Express Card Number: 3 7 4 5

1. Your Information

Debtor Name:

Address:

City/Country:

Postal code:

2. Your Bank Details

Bank name:

Bank Branch Address:

City/Country:

Name of Bank Account Holder:

Account Number:

Bank Routing Number: (ABA number)

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.

Signature

X

D D M M Y Y

By signing this debit authorisation 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.

American Express use only

EDSA number: 0 1 1 7 6 5

Date: D D M M Y Y

ACH DEBIT AUTHORISATION TERMS & CONDITIONS

By enrolling in the American Express ACH Debit Authorisation Program (the "Program") I am authorizing American Express to debit the bank account I designate (the "Designated Account") each billing period to pay automatically the amount shown on my American Express Card statement.

American Express will advise me by a billing statement message of the amount and date of the payment that will be automatically debited. To receive confirmation of the debit transfer taking place, I may log into my Card account online at americanexpress.com/ICC, or call American Express Customer Services at the number on the back of my Card.

1. AUTOMATED PAYMENT AMOUNT.

American Express Charge Card accounts have a due in full balance that must be paid in full each month. I understand that each such debit will occur on the date specified on the billing statement, which will be no earlier than fourteen (14) days after the Closing Date of such billing statement. I agree that unless I notify my bank to stop the amount of the debit, in accordance with the procedures set forth in paragraph 3 below, you are authorized to debit the funds from the Designated Account in the amount specified on my American Express Card statement. I will ensure that there are sufficient funds in the Designated Account on the specified debit date to pay the amount of the debit. American Express are authorised to reduce the amount of the payment previously disclosed to me on my billing statement by the amount of any payments or credits applied (excluding purchase credits) to me Card account prior to the scheduled debit date.

I understand that if my Card account is cancelled and there is an outstanding balance on the Card account, you will continue to automatically debit my Designated Account unless I terminate participation in the Program in accordance with the procedures set forth in paragraph 4 below. If I close my Designated Account, I agree to notify you before hand to enable you to stop initiating debit transactions.

2. ADDITIONAL PAYMENTS.

If I would like to make payment in addition to the automated payment amount I have selected, I may do so using one of the alternative payment options specified on my American Express Card statement.

3. STOP PAYMENT ORDERS.

If I want to stop an automated payment I can do so by notifying my bank orally or in writing at least three (3) business days before the scheduled debit date on my billing statement.

4. TERMINATION OF PARTICIPATION IN THE PROGRAM.

I may terminate my participation in the Program by calling American Express at the number on the back of my card or writing to

ICC Servicing
1 John Street
Dept 45
Brighton
BN88 1NH
United Kingdom

American Express must receive my request at least two (2) business days before the scheduled debit date specified on my billing statement. American Express may revoke my right to participate in the Program at any time for any reason, but a written notice of such revocation will be provided.

For purposes of the Program, business days are Monday through Friday. Holidays are not included. If the scheduled debit date is on a weekend or banking holiday, the debit will be made on the next business day.