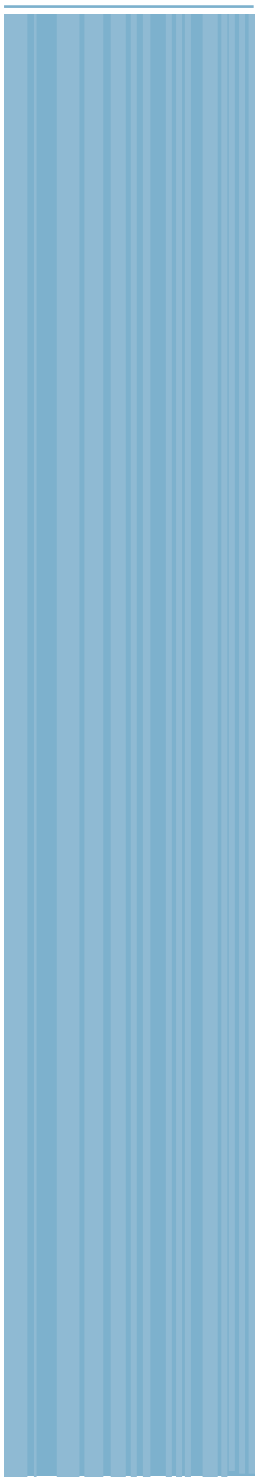


American Express® Card
Interbank GIRO
Application Form



91/7113468891S

Postage will be
paid by
addressee.
For posting in
Singapore &
Malaysia only.

BUSINESS REPLY SERVICE
PERMIT NO. 05907



American Express International, Inc.
Credit Card Member Services
Crawford Road PO. Box 852
Singapore 911912

American Express Card Interbank GIRO Application Form

Interbank GIRO – a safe and convenient way to settle your bills. It will help you establish a prompt payment record and give you greater charge flexibility on your Card. No deposit is required for accounts paid by GIRO.

How does Interbank GIRO work?

1. Complete the application form to authorise your bank to debit your account as indicated for the amount due on your American Express Card account 10 days from your statement date.
2. Your standing order will take effect when the GIRO deduction date is printed on your statement. Processing will take 6 weeks. In the meantime, please continue paying your bills by cash or cheque.
3. Check your monthly statements and ensure that you have sufficient funds to cover your payments.

For Applicant's Completion

Date

To: Name of Bank/Finance Company

Branch

Name of Billing Organisation **American Express International, Inc.**

American Express Card Member's Name

Your American Express Card Account No.

3	7																		
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Card Expiry Date

M	M
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 /

Y	Y
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Please debit my Account for Full Payment Amount

- a. I/We hereby instruct you to process American Express International, Inc's instructions to debit my/our account.
- b. You are entitled to reject American Express International, Inc's instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c. This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our revocation through American Express International, Inc.

For Applicant's Completion

My/Our Name(s) as in Bank Account

My/Our Bank/Finance Company Account No.

My/Our Contact (Tel/Fax) Number(s)

Please Sign

X
My/Our Signature(s) (As in Bank/Finance Company's records)

For Official Use Only

Bank	Branch	Billing Organisation's Account No.														
7	1	7	1	0	0	1	0	0	1	0	1	1	4	5	4	9

Bank	Branch	Account No. To Be Debited																	

American Express Card Account No.

3	7																		
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For Bank/Finance Company's Completion

To: Manager, American Express International, Inc.,
Crawford Road P.O. Box 852 Singapore 911912
Attention: Credit Services Department

This Application is hereby **REJECTED** (please tick) for the following reason(s):

- Signature differs from Bank/Finance Company's records
- Signature incomplete/unclear
- Account operated by signature/thumbprint
- Wrong Account number
- Amendments not countersigned by customer
- Others: _____

Name of Approving Officer

Date

Authorised Signature

Date

Verified by American Express International, Inc.

