

# HSBC American Express® Gold Credit Card

So easy and convenient TO KEEP YOUR MONTHLY ACCOUNT UP TO DATE!

## Direct Debit Payment Plan Authorisation Form

Here's an easier way to keep your HSBC American Express Gold Credit Card Account up to date – without the inconvenience of having to write out cheques. It's called the Direct Debit Payment Plan and it gives you the choice of two convenient options for direct debiting Credit Card payments from your bank account.

### Direct Debit Payment Options

You can choose:

EITHER:

1. Minimum payment - as outlined on your monthly statement. This is the most flexible option as your minimum payment is covered to avoid late payment fees, and if you want to pay more you can do so by another payment option.

OR:

2. Full closing balance - the entire closing balance of your Account is paid as shown on your monthly statement.

### How does it work?

You still receive your full statement of charges each month, so simply look over your statement to make sure it's in order, then forget it. The payment is automatically debited from your nominated bank account.

### Your payments are never rushed

Your payments are automatically debited from your bank account, never earlier than the payment due date on your HSBC American Express Gold Credit Card statement. In fact, you'll always find the exact direct debit date on your HSBC American Express Gold Credit Card statement, so you can transfer funds to your nominated bank account if necessary.

### If you have any enquiries, please call us

If you have any enquiries about any of the charges shown on your statement, simply call American Express Credit Card Services on 0800 656 660 Monday-Friday, 8.00am-6.00pm, prior to the notification date on the HSBC American Express Gold Credit Card statement. If you choose to direct debit from your bank account, your privacy is always guaranteed because your bank is only advised of the amount due to be debited each month.

### How to enrol

If you wish to have the funds debited from your bank account, please complete the attached form and enclose an encoded deposit slip. Then return it to:

Freepost 1588  
American Express International (NZ), Inc.,  
P O Box 4005  
Auckland 1015

Until a message appears on your monthly statement confirming the date your plan takes place, it's important you continue to pay your Account in the usual way.

## Conditions of this Authority to accept Direct Debits

### 1. "The Initiator"

- (a) Has agreed to give written advance notice to the Acceptor of the net amount of each direct debit and the due date of the debiting at least 10 calendar days (but not more than two calendar months) before the date when the direct debit will be initiated. The advance notice must be provided either:
- (i) in writing; or
  - (ii) by electronic mail where the Customer has provided prior written consent to the Initiator.

The advance notice will include the following message:

"Unless advice to the contrary is received from you by (\*date), the amount of \$.....will be directly debited to your Bank account on (initiating date)."

\* This date will be at least two days prior to the due date to allow for amendment of direct debits.

- (b) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further direct debits are to be initiated under the Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

### 2. "The Customer" may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to the Bank and to the Initiator.
- (b) Stop payment of any direct debit to be initiated under this authority by the Initiator by giving written notice to the Bank prior to the direct debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of the Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

### 3. "The Customer" acknowledges that:

- (a) This authority will remain in full force and effect in respect of all direct debits made from my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the direct debit has not been paid in accordance with this authority. Any other disputes lie between me/us and the Initiator.
- (d) Where the Bank has used reasonable care and skill in acting in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
- the accuracy of information about Direct Debits on Bank statements
  - any variations between notices given by the Initiator and the amounts of Direct Debits.
- (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

### 4. "The Bank" may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.

[www.americanexpress.co.nz](http://www.americanexpress.co.nz)

Principal place of business in New Zealand, 67-69 Symonds St, Auckland 1001.  
American Express International (NZ), Inc., Incorporated in Delaware, USA.  
®Registered trademark of American Express Company.



# Bank Account Direct Debit Form (To pay your Card Account from your nominated bank account)

Basic Cardmember Account Number

3	7	7	4																
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NAME ON CARD	DAYTIME PHONE NO.
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BILLING ADDRESS
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Please select your monthly payment option (tick one only)

Minimum payment due
  Full closing balance

I have enclosed an encoded deposit slip and signed the Authority To Accept direct debits below.

NAME OF ACCOUNT
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CUSTOMER (ACCEPTOR) TO COMPLETE BANK/BRANCH NUMBER AND ACCOUNT NUMBER AND SUFFIX OF ACCOUNT TO BE DEBITED																							
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							—	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											—	<table border="1"><tr><td></td><td></td><td></td></tr></table>			
BANK		BRANCH NO.		ACCOUNT NUMBER		SUFFIX																	
(Please attach an encoded deposit slip to ensure your account number is loaded correctly)																							

<b>AUTHORITY TO ACCEPT DIRECT DEBITS</b>  <small>(NOT TO OPERATE AS AN ASSIGNMENT OR AGREEMENT)</small>
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0	3	0	1	0	7	9
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AUTHORISATION CODE

TO: The Manager, (Please print full postal address clearly for window envelope)

BANK BRANCH	
ADDRESS (PO BOX)	
TOWN/CITY	

DATE _____
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I/We authorise you until further notice to debit my/our account with all amounts which AMERICAN EXPRESS INTERNATIONAL (NZ), INC. (Hereinafter Referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.  
I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

INFORMATION TO APPEAR ON MY/OUR BANK STATEMENT

Payer Particulars	Payer Code	Payer Reference																																																												
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SIGNATURE OF BASIC CARD MEMBER
_____
DATE    /    /
_____

SIGNATURE OF OTHER ACCOUNT HOLDER <small>OF NOMINATED ACCOUNT ABOVE (IF ANY)</small>
_____
DATE    /    /
_____

<b>For Bank Use Only</b>									
Approved 0107	Original - Retain at Branch	<table border="1"> <tr> <td>Date Received:</td> <td>Recorded by:</td> <td>Checked by:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		Date Received:	Recorded by:	Checked by:			
Date Received:	Recorded by:	Checked by:							
09   06	Copy - Forward to Initiator if requested.								