



## Application for AutoPay Services - Egypt

Date

Customer Number

To: HSBC Bank Middle East Limited (the "Bank")

From:  (the "Customer")

Please select the AutoPay Service required:

Autopay Credit (Out)/ACH Credit	Add <input type="checkbox"/>	Amend <sup>4</sup> <input type="checkbox"/>	Delete <sup>4</sup> <input type="checkbox"/>
AutoPay Debit (In)/ACH Debit	Add <input type="checkbox"/>	Amend <sup>4</sup> <input type="checkbox"/>	Delete <sup>4</sup> <input type="checkbox"/>

### Section A -Autopay Credit (Out)/ACH credit

Please complete the payment type:

Payment Type			
<input type="checkbox"/> SALARY PAYMENTS	<input type="checkbox"/> SUPPLIER (S) / OTHER PAYMENTS (O) <sup>3</sup>		
Primary Debit Account Number <sup>1</sup>	<input type="text"/>	Primary Debit Account Number <sup>1</sup>	<input type="text"/>
Additional Debit Account <sup>2</sup>	<input type="text"/>	Additional Debit Account <sup>2</sup>	<input type="text"/>
First Party Narrative (Max. 24 Characters)	<input type="text"/>	First Party Narrative (Max. 24 Characters)	S <input type="text"/>
			O <input type="text"/>
Second Party Narrative (Max. 24 Characters)	<input type="text"/>	Second Party Narrative (Max. 24 Characters)	S <input type="text"/>

<sup>1</sup> Mandatory Fields

<sup>2</sup> This account will be debited if the Primary Debit Account does not have sufficient funds.

<sup>3</sup> Provide narration against relevant Payment type and Strike out that is not applicable.

<sup>4</sup> Use the remarks column to provide any additional information related to amending or deleting.

Additional Remarks & Details for Amendment/Deletion of ACH Credit services	
<input type="text"/>	<input type="text"/>

### Section B - Autopay Debit (In)/ACH Debit

Payment Type	
First Party Narrative (Max. 24 Characters)	<input type="text"/>
Second Party Narrative (Max. 24 Characters)	<input type="text"/>

**Additional Remarks & Details for Amendment/Deletion of ACH Debit services**

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**Terms for use of Autopay Services**

I/We confirm that the information contained in this AutoPay Application form is correct in all respects and agree that the Bank's Corporate Banking General Terms and Conditions for the Operation of Accounts in Egypt (or such other terms as otherwise agreed in writing between the Customer and the Bank) shall apply to the AutoPay Services.

Signed by/for and on behalf of the Customer

Authorised Signature(s) and seal

Full Name and Title

Authorised Signature(s) and seal

Full Name and Title

**For Bank Use Only**

Signature verified and data input by

Date

D	D	M	M	Y	Y	Y	Y
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**Salary Payments**

ABC set code  Yes  No

Payment Set No's

Primary Account No:  -  -

Auto Dr Account No:  -  -

No of payments

Input Medium

Periodicity

**Supplier / Other Payments**

ABC set code  Yes  No

Payment Set No's

Primary Account No:  -  -

Auto Dr Account No:  -  -

No of payments

Input Medium

Periodicity

**For Bank Use Only (Autopay Debit/Direct Debit)**

Signature verified and data input by

Date

D	D	M	M	Y	Y	Y	Y
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ABC set code  Yes  No

Payment Set No's

Primary Account No:  -  -

Input Medium

Periodicity