



Application for AutoPay Services – UAE

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 ¹ <input type="checkbox"/>	Delete ¹ <input type="checkbox"/>
Autopay Debit (In) /Direct Debit	Add <input type="checkbox"/>	Amend ¹ <input type="checkbox"/>	Delete ¹ <input type="checkbox"/>

Section A – Autopay Credit (Out)/ACH credit

Please complete the payment type:

Payment Type						
<input type="checkbox"/> *Labour Regulation Authority ²		<input type="text"/>				
<input type="checkbox"/> WAGES PROTECTION SYSTEM (WPS)		<input type="checkbox"/> SUPPLIER (S)/PENSION (P)/OTHER PAYMENTS (O) ³		<input type="checkbox"/> NON-WPS SALARY PAYMENTS		
*Primary Debit Account Number ⁴	<input type="text"/>	*Primary Debit Account Number ⁴	<input type="text"/>	*Primary Debit Account Number ⁴	<input type="text"/>	
Additional Debit Account ⁵	<input type="text"/>	Additional Debit Account ⁵	<input type="text"/>	Additional Debit Account ⁵	<input type="text"/>	
*Establishment / Employer ID ⁶ (List all applicable)	<input type="text"/>	First Party Narrative (Max. 24 Characters)	S	<input type="text"/>	First Party Narrative (Max. 24 Characters)	<input type="text"/>
			P	<input type="text"/>		
			O	<input type="text"/>		
		Second Party Narrative (Max. 24 Characters)	S	<input type="text"/>	Second Party Narrative (Max. 24 Characters)	<input type="text"/>
			P	<input type="text"/>		
			O	<input type="text"/>		

* Mandatory fields
¹ Use the remarks column to provide any additional information related to amending or deleting.
² Provide the name of the Labour Regulation Authority.
³ Provide narration against relevant Payment type and Strike out that is not applicable.
⁴ Primary Debit Account.
⁵ This account will be debited if the Primary Debit Account does not have sufficient funds.
⁶ Provide a valid Establishment ID as provided to you by the relevant Labour Regulation Authorities.

If you are using the WPS please complete the Customer Contacts for notification:

Customer Contacts for WPS Notifications

Contact Name	<input type="text"/>
Email Address ¹	<input type="text"/>
Contact Name	<input type="text"/>
Mobile Number ²	<input type="text"/>

¹ The system-generated email notification can be sent to up to 3 recipients.
² The SMS notification can be sent to only one recipient.

Additional Remarks & Details for Amendment/Deletion of ACH Credit services

Section B - Autopay Debit (In)/ACH Debit

*Primary credit account number	<input type="text"/>
First Party Narrative (Max 24 Chars)	<input type="text"/>
Second party Narrative (Max 24 chars)	<input type="text"/>

* mandatory field

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

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 the United Arab Emirates (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 (Autopay Credit)

Signature verified and data input by

Date

WPS Salary Payments

ABC set code Yes No

Payment Set No's

Primary Account No: - -

Auto Dr Account No: - -

No of payments

Input Medium

Periodicity

*Establishment/Employer ID

Labour Regulation Authority

Supplier / Pension/Other Payments

ABC set code Yes No

Payment Set No's

Primary Account No: - -

Auto Dr Account No: - -

No of payments

Input Medium

Periodicity

non-WPS Salary Payments

ABC set code Yes No

Payment Set No's

Primary Account No: - -

Auto Dr Account No: - -

No of payments

Input Medium

Periodicity

* Refer to the WPS guide for character length for Labour Regulation Authority Zone

For Bank Use Only (Autopay Debit/Direct Debit)

Signature verified and data input by

Date

ABC set code Yes No

Payment Set No's

Primary Account No: - -

Input Medium

Periodicity