

Automatic Payroll / Pension / Others (Direct) Deposit Form

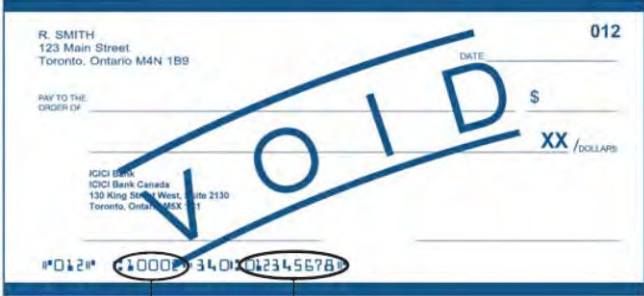
To initiate a pre-authorized electronic direct deposit of your payroll or pension or any other deposits to your ICICI Bank Canada account, please complete this form and submit it to your employer's Payroll Department.

(This form provides account information in place of a voided cheque)

For any questions, please contact our toll-free 24 hour customer service centre at 1-888-424-2422.

* **Mandatory field**

MY CONTACT INFORMATION			
Title	First Name *	Middle Name	Last Name *
Home Address * <i>Please fill the address where you presently live. This address cannot be a postal installation i.e. PO Box, RR, Site, Comp or GD/General Delivery address.</i>			
City *		Province *	Postal Code *
Email Address		Home Phone Number *	Cell Number Fax Number

MY BANK INFORMATION																								
EITHER <input type="checkbox"/> I have attached a personalized pre-printed cheque from my bank account, marked "VOID" OR <input type="checkbox"/> My bank information is:																								
 <p style="text-align: center; margin-top: 5px;"> ↓ Transit Number ↓ Account Number </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Bank Name</td> <td style="text-align: center; font-weight: bold; padding: 5px;">ICICI BANK CANADA</td> </tr> <tr> <td style="padding: 5px;">Transit Number *</td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;">Institution Number</td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">3</td> <td style="width: 33%; text-align: center;">4</td> <td style="width: 33%; text-align: center;">0</td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;">Bank Account Number *</td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> </td> </tr> </table>	Bank Name	ICICI BANK CANADA	Transit Number *	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Institution Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">3</td> <td style="width: 33%; text-align: center;">4</td> <td style="width: 33%; text-align: center;">0</td> </tr> </table>	3	4	0	Bank Account Number *	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
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MY EMPLOYER INFORMATION (PAYROLL Department) / COMPANY / ORGANIZATION			
Name of Employer / Company / Organization *			
Employer / Company / Organization Address *		City *	Province *
Phone Number *		Fax Number	
Deposit Type * <input type="checkbox"/> Payroll <input type="checkbox"/> Pension <input type="checkbox"/> Others (please specify): _____			

AUTHORIZATION *		
I hereby authorize, until further notice, the use of the above information for my Pre-Authorized Direct Deposit of my payroll/pension/other deposits.		
_____ Signature	_____ Initials	_____ Date * (dd-mm-yyyy)

BANK CONFIRMATION			
Prepared by: *	_____ Maker Employee ID Maker Employee Name	_____ Maker Employee Signature	_____ Date (dd-mm-yyyy)
Verified by: *	_____ Verifier Employee ID Verifier Employee Name	_____ Verifier Employee Signature	_____ Date (dd-mm-yyyy)