

Pre-Authorized Payments Form

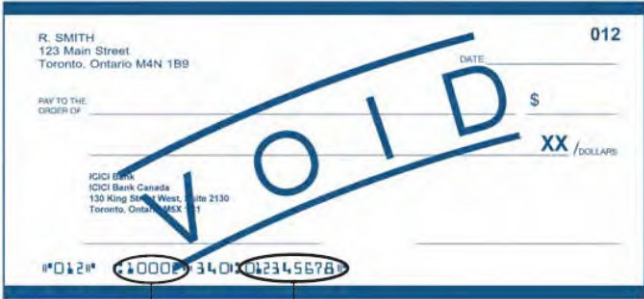
To initiate a pre-authorized payment or other withdrawals from your ICICI Bank Canada account, please complete this form.

(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 * <small>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.</small>			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>Transit Number Account Number</p>	<table border="1"> <tr> <td>Bank Name</td> <td>ICICI BANK CANADA</td> </tr> <tr> <td>Transit Number *</td> <td><input type="text"/></td> </tr> <tr> <td>Institution Number</td> <td>3 4 0</td> </tr> <tr> <td>Bank Account Number *</td> <td><input type="text"/></td> </tr> </table>	Bank Name	ICICI BANK CANADA	Transit Number *	<input type="text"/>	Institution Number	3 4 0	Bank Account Number *	<input type="text"/>
	Bank Name	ICICI BANK CANADA							
	Transit Number *	<input type="text"/>							
	Institution Number	3 4 0							
Bank Account Number *	<input type="text"/>								

MY PRE-AUTHORIZED TRANSACTION INFORMATION *	
Company Name	Account / Policy Number
Payment Amount	Payment Date (dd-mm-yyyy)

AUTHORIZATION *		
I hereby authorize, until further notice, the use of the above information for my Pre-Authorized Payment or other Withdrawals.		
X _____ Signature	X _____ Initials	_____ Date * (dd-mm-yyyy)

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