

## **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 \* City \* Current Home Address\* Province \* Postal Code \* **Email Address** Home Phone Number \* Cell Number Fax Number MY BANK INFORMATION Bank Name 012 **ICICI BANK CANADA** R. SMITH 123 Main Street Toronto, Ontario M4N 1B9 Transit Number \* Institution Number 3 4 0 Bank Account Number \* **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. Initials Signature Date \* (dd-mm-yyyy) **BANK CONFIRMATION** Prepared by: \* Maker Employee ID Maker Employee Name Maker Employee Signature Date (dd-mm-yyyy) Verified by: \* Date (dd-mm-yyyy) ID Verifier Employee Name Verifier Employee Signature Verifier Employee