

## Pre-Authorized Payments Form

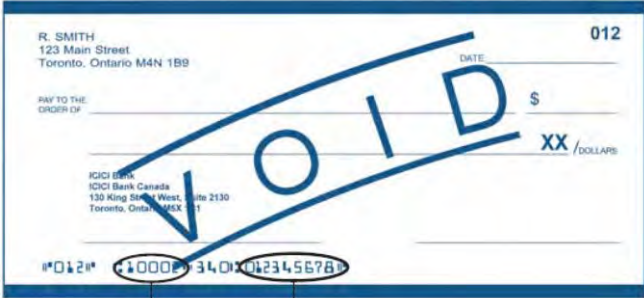
To initiate a pre-authorized payment or other withdrawals from your ICICI Bank Canada account, please complete this form.

(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 *
Current Home Address*		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:	
	Bank Name <b>ICICI BANK CANADA</b>
	Transit Number * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Institution Number <input type="text"/> <input type="text"/> <input type="text"/>
	Bank Account Number * <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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.
<b>X</b> _____ <b>X</b> _____ Date * (dd-mm-yyyy) _____ Signature Initials

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