ICICI Bank

START SWITCH

CUSTOMER AUTHORIZATION FORM

➢ Return your form by mail to: ICICI Bank Canada, P.O. Box 396, Don Mills, ON M3C 2S7

➢ For questions, please call 1-888-424-2422

**** Mandatory Field***

Date:_____

CUSTOMER INFORMATION

Applicant First Name*:		Applicant Last Name*:	
Joint Applicant First Name: *(applicable only for joint accounts)*		Joint Applicant Last Name: *(applicable only for joint accounts)*	
Address*:			
City*:	Province*: Select...		Postal Code*:
Home Phone*:	Work Phone:	Ext.:	Fax:

ACCOUNT INFORMATION OF ICICI BANK*

TRANSIT NO.	INST. NO.	ACCOUNT NO. (as it appears in MICR Line on cheque)
	340	

BRANCH INFORMATION (For office use only)

Branch Name:			
Branch Address:			
Branch Contact Name:			ID#
Email:	Phone:	Ext.:	Fax:

PHONE APPOINTMENT PREFERENCES*

1. What date/day (Monday to Friday) is best for a Customer Service Representative to call: _____ /_____/_____ or Day Select...
   DD MM YYYY
2. The best time period (note: all times local):

☐ 8:00am-10:00am ☐ 10:00am-12:00pm ☐ 12:00pm-2:00pm ☐ 2:00pm-4:00pm ☐ 4:00pm-6:00pm ☐ 6:00pm-8:00pm

3. Where: ☐ at work ☐ at home

BALANCE OF ACCOUNT TRANSFER

☐ I give ICICI Bank Canada authorization to close my account at _____ on my behalf, and forward the balance to my ICICI Bank Canada account on my behalf, once all of my pre-authorized transactions have been transferred to my ICICI Bank Canada account.

Other Financial Institution Account Number:

TRANSIT NO. INST. NO. ACCOUNT NO. (as it appears in MICR Line on cheque)

CUSTOMER AUTHORIZATION

By signing below, I authorize ICICI Bank Canada or its agent to: (a) use this information and my authorizing signature to complete the Start Switch process; (b) contact me to gather my pre-authorized transaction information; (c) notify billers, on my behalf, of a change to my account information in order to transfer my pre-authorized transactions to the above designated account; (d) effect the transaction(s) referred to in this authorization form and such other transactions as I may subsequently authorize (verbally or otherwise) and, if applicable, to close my prior account(s) noted above and direct the applicable institution to forward the balance in my prior account to my ICICI Bank Canada account on my behalf. In addition, I understand that ICICI Bank Canada and its agents are not responsible for verifying these transactions.

The ICICI Bank name and logo are trademarks of ICICI Bank Limited and are used under license.

Customer Signature(s)

X _____ / X _____

Applicant Signature* Joint Applicant Signature *(applicable only for joint accounts)*

Clear All Fields PRINT