Direct Deposit (08-2015)
AUTHORIZATION FORM

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

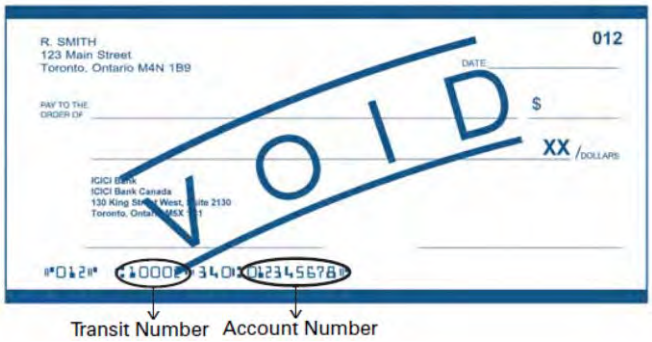
Title	First Name *	Middle Name	Last Name *
Select...			

Current Home Address *	City *	Province *	Postal Code *
		Select...	

Email Address	Home Phone Number *	Cell Number	Fax Number

MY BANK INFORMATION

EITHER ☐ I have attached a personalized pre-printed cheque from my bank account, marked "VOID" **OR** ☐ My bank information is:



Bank Name	ICICI BANK CANADA
Transit Number *	
Institution Number	3 4 0
Bank Account Number *	

MY EMPLOYER INFORMATION (PAYROLL Department) / COMPANY / ORGANIZATION

Name of Employer / Company / Organization *

Employer / Company / Organization Address *	City *	Province *	Postal Code *
		Select...	

Phone Number *	Fax Number

Deposit Type *

☐ Payroll ☐ Pension ☐ Others (please specify): _____

AUTHORIZATION *

I hereby authorize, until further notice, the use of the above information for my Pre-Authorized Direct Deposits or Pre-Authorized Payments.

X _____ **Signature**

X _____ **Initials**

_____ **Date *** *(dd-mm-yyyy)*

BANK CONFIRMATION

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

CLEAR FIELDS SAVE PRINT