

## **ACH request form**

Please fill out this form in black ink and preferably in CAPITAL letters. ALL fields are mandatory unless expressly mentioned otherwise.

Applicant details					
Name of the applicant(As it is in the account)					
Account number					
Transaction details					
Currency	Amount	Purpose (please provide as much information as possible)			
USD					
Account details with the other Bank					
Name of the Account Holder	r				
Address of the Account Holder					
Name of the Bank					
Account no.					
Routing no.					
Type of account	Checking account Savings a	Checking account Savings account			
Instructions to the Bank					
One-time instruction: (Please	e tick the appropriate box)				
I/We authorize ICICI Bank I	Ltd, New York Branch to initiate a CREDIT to	the other bank account as mentioned above, on date			
to the debit of my ICICI Bank	Ltd., New York Branch A/c no:	mm/dd/yyyy			
I/We authorize ICICI Bank I	Ltd, New York Branch to initiate a DEBIT to r	ny own account in the same name with the other bank as mentioned			
above, on dateto the credit of my ICICI Bank Ltd., New York Branch A/c no:till further instructions					
		ited, New York Branch has received written notification from me/us of its , New York Branch and me/us a reasonable opportunity to act on it.			

## Special/Standing Instructions (if any):

## Please debit my ICICI Bank Ltd., New York Branch account for the charges (if any) pertaining to the transaction.

I/We acknowledge and accept responsibility for the accuracy and correctness of all information provided in this form and agree to be responsible for any costs, expenses, penalties, delays or other situations resulting from any error in this form, including but not limited to any fine applied by the National Automated Clearing House Association.

CUSTOMER SIGNATURE

Date \_\_\_\_\_

Deposits are not insured by FDIC.

mm/dd/yyyy

## For office use only

Amount	Charges	Value Date	Remarks	Signature of verifying authority
USD	USD			