

## 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

<b>Name of the Account Holder</b>	
<b>Address of the Account Holder</b>	
<b>Name of the Bank</b>	
<b>Account no.</b>	
<b>Routing no.</b>	
<b>Type of account</b>	<input type="checkbox"/> Checking account <input type="checkbox"/> Savings account

### Instructions to the Bank

**One-time instruction:** (Please tick the appropriate box)

- I/We authorize ICICI Bank Ltd, New York Branch to initiate a CREDIT to the other bank account as mentioned above, on date \_\_\_\_\_ mm/dd/yyyy to the debit of my ICICI Bank Ltd., New York Branch A/c no: \_\_\_\_\_
- I/We authorize ICICI Bank Ltd, New York Branch to initiate a DEBIT to my own account in the same name with the other bank as mentioned above, on date \_\_\_\_\_ to the credit of my ICICI Bank Ltd., New York Branch A/c no: \_\_\_\_\_ till further instructions.

This authorization is to remain in full force and effect until ICICI Bank Limited, New York Branch has received written notification from me/us of its termination in such time and in such manner to afford ICICI Bank Limited, New York Branch and me/us a reasonable opportunity to act on it.

### Special/Standing Instructions (if any):

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### 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 \_\_\_\_\_  
 mm/dd/yyyy

Deposits are not insured by FDIC.

### For office use only

Amount	Charges	Value Date	Remarks	Signature of verifying authority
USD	USD			