

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	Pu	rpose (please provide as muc	h information as possible)
USD				
Account details with the other Bank				
Name of the Account Holder				
Address of the Account Holder				
Name of the Bank				
Account no.				
Routing no.				
Type of account	Checking accoun	☐ Checking account ☐ Savings account		
Instructions to the Bank				
One-time instruction: (Please tick the appropriate box)				
·			other bank account as mentic	oned above, on date
I/We authorize ICICI Bank 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:				
☐ 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):				
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.				
For office use only	, 			
Amount	Charges	Value Date	Remarks	Signature of verifying authority
	USD			

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