



Pre-Authorized Deposit (PAD) Agreement

1) Pre-Authorized Deposit (PAD) Details:

You authorize us (ICICI Bank Canada) to deposit funds to the bank account designated below (or any other account you may authorize at any time), for your commission payments.

This PAD Agreement remains in effect until we receive written notification from you of its change or cancellation. In case of any changes to your banking information please use this form and this notification must be received by us (at the address provided below), at least 10 business days before the next payment is scheduled.

2) Broker Information (Please Print Clearly):

Brokerage Name: _____

Address: _____
(Street)

(City/Province/Postal Code)

3) Financial Institution (FI) and Bank Account:

Name of FI: _____

Branch _____

Address: _____
(Street)

(City/Province/Postal Code)

Account Information:

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Branch Transit

FI Code

Account Number

Please attach a sample cheque marked "void" or proof of ownership.

4) Commission Payment Details:

Contact Person: _____

Contact Email: _____

5) Authorization:

Signature(s): _____ Date (DD/MM/YY): _____

_____ Date (DD/MM/YY): _____