



Electronic Funds Transfer Authorization and Direction Form — Claims

Application for new EFT Auth

Revision to existing EFT Auth

CUSTOMER'S NAME*			
ADDRESS		CITY	PROVINCE AND COUNTRY
PHONE	EMAIL	DRIVER'S LICENCE NUMBER	
*If CUSTOMER is a Corporation, Partnership or Sole Proprietorship, insert full Legal Name.			CLAIM NUMBER

A Claim number or Driver's License number must be provided to complete the request

Customer must provide a void cheque

FINANCIAL INSTITUTION NAME AND ADDRESS			
NAME ON ACCOUNT	BRANCH TRANSIT	BANK NUMBER	ACCOUNT NUMBER

By signing this form, the above customer:

- acknowledges that the Electronic Funds Transfer process may take between 2 to 3 business days;
- acknowledges having provided to ICBC (a) a void cheque identifying the account number, the financial institution branch the customer wishes to have the funds deposited to and the customer's name, or (b) a financial institution letter identifying the account number and financial institution branch as active and in the customer's name;
- acknowledges that the funds (CAD only) will be deposited into the financial institution account number and branch the customer has identified above;
- represents that the financial institution account number and branch provided above is a Canadian financial institution;
- represents that the above account belongs to the customer; may be individual or joint bank account;
- acknowledges that if any funds have not been successfully deposited due to reasons such as a closed account, settlement payment of the above claim will be issued by cheque; and
- declares, the case of a Corporation, Partnership or Sole Proprietorship, the signatory below is a duly authorized signing officer of the customer and has authority to make this authorization and direction on behalf of customer.

CUSTOMER'S NAME/CUSTOMER BY ITS AUTHORIZED SIGNING OFFICER (Please print)

SIGNATURE

TITLE OF AUTHORIZED SIGNING OFFICER, IF APPLICABLE (Please print)

DATE (ddmmyyyy)

(For ICBC use only)

CLAIM NUMBER	ADJUSTER	PROCESSED BY	ENROLMENT DATE (ddmmyyyy)
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Please send to: ICBC, Room 136, 151 West Esplanade, North Vancouver, BC, V7M 3H9
Or, alternatively, fax form and copy of void cheque to ICBC at 604-661-2286 or email the completed form and void cheque to EFTCLAIMS@icbc.com