



Electronic Funds Transfer Authorization and Direction Form — Claims

Submitting an application for enrollment or change:

You must include completed application and a void cheque or direct deposit form from a bank.

Email: eftclaims@icbc.com (this is a non-replying email address)

Fax: Attention: EFT Claims 604-661-2286

Mail: ICBC, 124 - 151 West Esplanade, North Vancouver, BC V7M 3H9

Please contact your claims representative for any payment enquires

Application for new EFT Auth

Revision to existing EFT Auth

CUSTOMER'S NAME*			
ADDRESS		CITY	PROVINCE AND COUNTRY
PHONE	EMAIL		DRIVER'S LICENCE NUMBER**
			CLAIM NUMBER**

*If CUSTOMER is a Corporation, Partnership or Sole Proprietorship, insert full Legal Name.

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

Customer must provide a void cheque or direct deposit form from a bank

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

By signing this form, the above customer:

1. acknowledges that the Electronic Funds Transfer process may take between 2 to 3 business days;
2. 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;
3. acknowledges that the funds (CAD only) will be deposited into the financial institution account number and branch the customer has identified above;
4. represents that the financial institution account number and branch provided above is a Canadian financial institution;
5. represents that the above account belongs to the customer; may be individual or joint bank account;
6. 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
7. 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 (ddmmyyy)