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 1502 N. Pine, Suite 3 • La Grande, OR 97850 • (541) 963-2632

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS AND DEPOSITS

Member Name: _____ Member #: _____

Email Address: _____ Amount: _____

I hereby authorize Icon Credit Union to initiate debit/credit entries to/from my account at the financial institution listed below. The requested starting date is _____. This and all future transactions will occur on the _____ (i.e. 15th) of each month thereafter. If the effective posting date falls on a weekend or holiday, the transaction will post the following business day.

By signing this agreement:

I agree to be bound by the ACH Association rules. These rules provide, among other things, that payments originated by Icon are provisional until final settlement is made through a federal reserve bank or payment is otherwise made as provided in article 4A-403 of the UCC Code. If Icon does not receive such, Icon is entitled to a refund from me in the amount credited to my account. I further agree that Icon shall be excused from failing to act or delay in acting if such failure or delay is caused by legal constraint, interruption, transmission or communication facilities, equipment failure, war, emergency conditions or other circumstances beyond Icon's control.

Account information where funds are to be debited (withdrawn) from:

Name on Account (if different from above) _____

Depository Name _____ Branch/City _____

Routing and Transit # _____ Acct # _____

Checking* _____ Savings _____

*Please attach a voided check. We cannot process without it.

Account information where funds are to be credited (deposited) to:

Name on Account : _____

Depository Name _____ Branch/City _____

Routing and Transit # _____ Acct #: _____

Checking _____ Savings _____ Loan _____

This authorization is to remain in full force and effect until Icon has received written notification from me of its termination. Icon requires at least 14 days advance notice prior to my termination/change request. In the event the e-pay is applied to a loan, I must notify Icon in writing to cancel should my loan be paid in full.

Signature _____ Date _____

Internal Use Only: Template Entry _____ Template Verification _____