

ICON Automatic Loan Payment Transfer Form

(This form is to be used to establish or make changes to automatic transfers which **originate from an ICON Deposit Account**. If you need to make changes to an automatic transfer involving a transfer from another financial institution, please use ICON's **EPay** or **EPay Change/Deletion Form**.)

ICON Member Number _____ ICON Loan Number _____

Date of Request _____ Member Name _____

Member Phone # _____

I would like to:

Change my payment transfer date. (Complete Section I Below)

Change the ICON account from which my automatic payment is transferred (Complete Section II Below)

Enroll in Auto Pay from my ICON account to my ICON loan (Complete Section III Below)

Cancel Auto Pay (Complete Section IV Below)

Section I

Please change my payment transfer date from _____ (current transfer date) to _____ (new transfer date) beginning with the payment due in the month of _____ for the loan indicated above. (If the effective posting date falls on a weekend or holiday, the transaction will post the following business day.)

Section II

Please change the ICON account in which my automatic payment is transferred from Account # _____ to Account # _____ beginning with the payment due in the month of _____ for the loan indicated above.

Section III

Please enroll me in auto pay from an ICON Account to my ICON Loan indicated above. I would like my transfer date to be set for the _____ day each month. Please transfer \$ _____ to my ICON Loan from my Account # _____.

I would like to have an automatic payment made from another member's Account # _____ Member Number _____ Account # _____

Section IV

Please cancel my auto pay effective _____ (date) to my ICON Loan # _____ from my Account # _____.

Authorization

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 auto transfer is applied to a loan, I must notify Idahy in writing to cancel should my loan be paid in full and I intend to stop the Transfer. If I do not take action to stop this transfer, then I understand that the funds will be deposited to my ICON savings 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.

Date: _____

Member Authorization

Date: _____

Additional Member Authorization (If transfer is from a different member than the loan is under)

Office Use: Date Request Taken _____ ICON Initial _____ F/M Done by _____

Date: _____