



1010 Rose Street • Boise, ID 83703 • (208) 344-7948
 9769 W. Emerald St. • Boise, ID 83704 • (208) 947-0123
 1839 N. Government Way • Coeur d'Alene, ID 83814 • (208) 667-9199
 1502 N. Pine, Suite 3 • La Grande, OR 97850 • (541) 963-2632

Deletion/Change Agreement For E-Pay

(Preauthorized payments and deposits)

Member Name: _____ Member #: _____

Social Security Number: _____ Amount: _____

I hereby authorize ICON Credit Union to _____ **stop** _____ **change** the E-Pay transaction to/from my account at the financial institution listed below. The date of **deletion / change** (circle one) will occur on:

Current E-Pay Posting Date _____ Deletion/Change Requested Date _____
 (i.e. 15th of each month)

Account information where funds are being (or have been) debited (withdrawn) from:

| | |
|-----------------------------|-------------------|
| Depository Name _____ | Branch/City _____ |
| Routing and Transit # _____ | Acct # _____ |
| Checking* _____ | Savings _____ |

*Please attach a voided check if changing bank accounts.

Account information where funds are being (or have been) credited (deposited) to:

| | | |
|-----------------------------|-------------------|------------|
| Depository Name _____ | Branch/City _____ | |
| Routing and Transit # _____ | Acct #: _____ | |
| Checking _____ | Savings _____ | Loan _____ |

In the event of a change request, this authorization is to remain in full force and effect until ICON has received written notification from me of its termination. I understand that ICON requires at least **14 days** advance notice prior to my **deletion/ change** request.

Signature _____ Date _____

Internal Use Only: _____ Template Entry _____ Template Verification _____