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**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. 15<sup>th</sup>) 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**Account information where funds are to be debited (withdrawn) from:**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 \_\_\_\_\_