Fax to: ICON Credit Union (208) 343-4587

❑ New Request ❑ Change Attn:_____

Date:_____ Time:_____

Electronic Transfer - Account Transfer Authorization ❑ **New Request** ❑ **Change**

I, _____ (print member name),

authorize ICON to enable the following service(s) on Member # _____.

❑ **Switch Account** (the following may view my account information)

Member Name on Account	Member Account Number

❑ **Cross-Account Transfer** (transfers can be made to the following accounts)

Member Name on Account	Member Account Number

In signing below, I understand that this authorizes ICON to complete inquiry and transfer requests by me, or any joint account owner on my account, to any of the accounts listed on the front whether in person, by phone, in writing, by fax, or through any electronic means including (but not limited to) MemberLine or icon@home.

_____ _____

Member Signature Date

Cancel Authorization:

_____ _____

Member Signature Date

Clear Form