



FUNDS TRANSFER AUTHORIZATION AGREEMENT

Please Read Carefully.

The following rules shall apply to wire transfer services provided by Icon Credit Union. As used in the Funds Transfer Authorization Agreement, the words "I", "us", "we", "Credit Union" or "Icon" shall apply to and mean "Icon Credit Union". The words "you" and "your" shall apply to and mean the member and all owners listed on the account that have requested or utilized the wire transfer services stated herein. The words "fundstransfer" and "payment order" apply to and mean a wire transfer request. This Funds Transfer Authorization Agreement supersedes any inconsistent terms contained in Icon Credit Union's member account agreements and any previous Wire Transfer Notice, Form and/or Agreements.

Any accountholder signature on this agreement allows that all owners of the account have authorization to perform wire transfer transactions provided the security procedures listed in this agreement are followed.

You agree to be bound by the terms and conditions found within your application for membership and to the bylaws, rules and regulations of Icon Credit Union. You further acknowledge receiving a copy of the "Important Account Information for Our Members" related to your account(s) and you agree to be bound by the terms and conditions found therein.

ACCEPTANCE OF PAYMENT ORDERS AND AGREEMENT

In general, we will accept outgoing wire requests only if you have signed this Funds Transfer Authorization Agreement, signed an Outgoing Wire Transfer form, have a sufficient withdrawable balance on deposit in the appropriate account to execute the payment order, and produce valid identification. Once you have signed this Funds Transfer Authorization Agreement, we will accept outgoing wire requests from you in person, in writing, by telephone or e-mail, provided our security procedures are followed.

AUTHORIZATION TO INITIATE FUNDS TRANSFER

We may charge your account for the amount of any funds transfer initiated by you or by any person authorized by you as a joint tenant or other authorized party with the right of access to the account from which the funds transfer is to be made. Any changes to information provided by you shall be effective only at such time as Icon has had a reasonable opportunity to act after receipt of written notice from you. Icon shall have no liability for losses caused by your failure to notify us of changes to authorized individuals.

AUTHORIZATION TO CHARGE ACCOUNT

We shall have the right to charge the amount of any funds transfer request to any of your accounts at Icon in the event that no account is designated, or in the event that a designated account has insufficient collected funds to cover the amount of a funds transfer request.

FEES

Icon may charge a service charge for services relating to the sending or receiving of the funds transfer request. Such charge(s) are set forth in Icon's Fee Schedule, which was previously provided to you and which is incorporated by this reference. If wiring instructions you provide are incorrect and the wire transfer is returned to us for any reason, you can provide us with the correct information that will permit us to execute the payment order again, but in such a case you will be charged an additional fee. Icon Credit Union makes no warranties with respect to fees charged by other financial institutions with respect to your payment orders.

SECURITY PROCEDURES

We may establish, at our discretion, security procedures to verify the authenticity of a payment order. These security procedures apply to all funds transfer requests, whether received by e-mail, facsimile (fax), telephone, mail or in-person. Security procedures may involve use of identification methods such as asking qualifying questions, photo identification, signature verification, and/or call back procedures by an Icon employee. You will be notified of the security procedure, if any, to be used to verify payment orders issued by you or for which your account will be liable. You acknowledge that the security procedures described to you are commercially reasonable. You agree that the authenticity of payment orders may be verified using the described security procedure unless you notify us in writing that you do not agree to that security procedure.

NOTIFICATION

You will not be provided with separate notification each time we perform a wire transfer affecting your account(s). We will provide you with notification of incoming and outgoing wire transfers as part of your periodic statement(s). You may, of course, inquire between receipt of periodic statements, whether or not a specific funds transfer has been received.

Member Initials: _____ Date: _____



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REJECTION OF FUNDS TRANSFER

Icon may, in its sole discretion, reject any funds transfer request which: (1) exceeds the collected and available funds on deposit in your designated account(s); (2) is not authenticated to our satisfaction or which we reasonably believe may not be authorized by you; (3) contains incorrect, incomplete, or ambiguous information; or (4) involves funds subject to a lien, hold, dispute or legal process pending their withdrawal. You understand and agree that we shall incur no liability to you or to third parties for any loss occasioned by our refusal to accept any funds transfer order.

NOTICE OF REJECTION OF A FUNDS TRANSFER

In the event we reject an outgoing funds transfer request or an incoming funds transfer, Icon shall provide notice of such rejection to you, or an authorized individual, orally or in writing by the end of the fifth business day that such funds transfer would otherwise have been executed by us.

OUTGOING WIRE REQUESTS BUSINESS DAY AND CUTOFF TIMES

Icon may establish or change cut-off times for the receipt and processing of funds transfer requests, amendments, or cancellations. Unless other times are posted for the various types of funds transfers, the cut-off time for wire transfers will be at 1:30 p.m. MST on all normal business days recognized by Icon Credit Union. Payment orders, cancellations, or amendments received after the applicable cut-off time may be treated as withdrawal. You understand and agree that we shall incur no liability to you or to third parties for any loss occasioned by our refusal to accept any funds transfer order.

OUTGOING REQUEST CANCELLATIONS AND/OR AMENDMENTS

You shall have no right to cancel or amend a wire transfer request after we have received it. However, Icon shall make a reasonable effort to act on your request for cancellation or amendment of a wire transfer request prior to the time that we execute such transfer, but we shall have no liability if such cancellation or amendment is not performed. You must notify us immediately in person or by telephone for cancellations or amendments. Under no circumstances will Icon be liable to you for cancellations or amendments acted upon by us after execution of your original wire transfer request. You agree to reimburse Icon for any costs, losses, or damages, including reasonable attorney's fees, we incur in connection with your cancellation or amendment request.

If we attempt to cancel your funds transfer, we are not required to refund your money until we determine that the beneficiary has not received the money and the money is returned to Icon Credit Union. If we return the funds to you, the amount returned may not be equal to the amount of the original payment order. For example, the amounts may be different because of a charge(s) other banks, credit unions, or firms may impose to return the funds transfer.

IDENTIFICATION OF BENEFICIARY

If you give us a payment order which identifies the beneficiary (recipient of the funds) by both name and identifying account number, payment may be made to the beneficiary's financial institution on the basis of the identifying account number, even if the number identifies a person different than the named beneficiary. This means that you will be responsible to pay Icon Credit Union if the funds transfer is completed on the basis of the identifying account number you provided us.

IDENTIFICATION OF INTERMEDIARY OR BENEFICIARY'S FINANCIAL INSTITUTION

If you give us a payment order which identifies an intermediary or beneficiary's financial institution by both name and an identifying number, a receiving financial institution may rely on the number as the proper identification even if it identifies a different person or institution than the named financial institution. This means that you will be responsible for any loss or expense incurred by a receiving financial institution which executes or attempts to execute the payment order in reliance on the identifying number you provided.

Member Initials: _____ Date: _____

Return to your nearest branch

Fax: (208) 343-4587

Email: info@iconcreditunion.org



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RISK OF LOSS

Except as expressly prohibited by applicable state and federal laws and regulations, you understand and agree that Icon Credit Union will not be liable for any loss or liability arising from: (1) any unauthorized or erroneous transfer or interest thereon (including, but not limited to, fraudulent transfers and/or a transfer which Icon Credit Union failed to abide by the agreed upon security procedures) which you fail to report to us within fourteen (14) days after your receipt of notification of the transfer; (2) any negligent or intentional action or inaction on the part of any person not within our reasonable control, including, but not limited to, the failure of other financial institutions to provide accurate or timely information; (3) the failure of other financial institutions to accept a funds transfer order; (4) your negligent or intentional action or inaction and/or breach of this Agreement; (5) any ambiguity or inaccuracy in any instruction given to Icon by you or your authorized agent; or (6) any error, failure or delay in execution of any funds transfer instruction, or cancellation or amendment caused by circumstances beyond our reasonable control, including, but not limited to, any computer or communication facilities malfunction.

LIMITATION OF LIABILITY

Except as otherwise provided by applicable state or federal laws or regulations, Icon Credit Union's liability for any negligent or intentional action or inaction in connection with any funds transfer request shall be limited to your direct loss and payment of interest. UNDER NO CIRCUMSTANCES SHALL THE CREDIT UNION BE LIABLE FOR ANY LOST PROFITS, CONSEQUENTIAL, INDIRECT, AND PUNITIVE OR SPECIAL DAMAGES THAT YOU MAY SUFFER IN CONNECTION WITH THIS AGREEMENT AND/OR ANY FUNDS TRANSFER REQUEST.

IMPOSSIBILITY OF PERFORMANCE

We will not be liable for failure to comply with the terms of this Agreement caused by legal constraint, interruption or failure of transmission and/or communications facilities, war, emergency, labor dispute, act of nature, or other circumstances beyond the control of Icon Credit Union.

INDEMNIFICATION

You hereby indemnify Icon Credit Union, its agents, and employees against any loss, liability, or expense (including attorney's fees) resulting from or arising out of any claim by any person in connection with any matters subject to this Agreement, except where applicable law precludes your notification.

TERMS OF AGREEMENT

To the extent that the terms contained in this Agreement are different than those in any other agreement or terms of account, this Agreement shall control and be deemed to modify such other agreements or terms of account. If any term of this Agreement is held to be invalid, illegal, or unenforceable, the other Agreement terms shall not be affected.

TERMINATION

Icon may terminate this Agreement at any time by giving written or oral notice to you. Unless terminated by us, this Agreement shall remain in effect until we receive written notice of termination from you and have been afforded a reasonable opportunity to act on such notice. You may not assign this Agreement to any other party.

By signing below, I acknowledge that I have received a copy, read, and understand the terms regarding funds transfers as stated in Icon Credit Union's Funds Transfer Authorization Agreement. I authorize Icon Credit Union to perform funds transfers initiated by me or by any person authorized by me as a joint tenant or other authorized party with the right of access to the account from which the funds transfer is to be made. I understand and agree that all funds transfer transactions are subject to the applicable terms and conditions set forth in Icon Credit Union's Funds Transfer Authorization Agreement, the Important Account Information for Our Members disclosure, and the Icon Fee Schedule, receipt of all of which is acknowledged and which are incorporated by this reference.

Member Signature: _____ Date: _____



For Branch Use Only	
Date Wire Request Received:	_____
Time Wire Request Received:	_____

OUTGOING WIRE TRANSFER FORM

Member Information

Cutoff time for outgoing wires is 1:30pm MST

Date: _____ Member Number: _____ Share ID: _____

Member Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

*Note: The member's full name and address (no PO BOX) is required to process the wire

Driver's License #: _____ Secure Call-Back Number: _____
(for questions and verification)

Wire Information

Request by: In Person Fax Mail E-mail Type of Wire: Domestic International

Wire Request Amount: \$ _____ (US Dollars only)

Receiver Bank ABA#: _____ Receiver Bank Name: _____

Beneficiary Information (Required)

Beneficiary Name: _____ Beneficiary Account #: _____

Beneficiary Address: _____ (where the funds will be deposited)

City, State, Zip: _____ Purpose: _____

Respondent Bank Information

Respondent Bank Name: _____ Respondent Bank Account #: _____

Additional Wire Information/Comments /Bank to Bank/Etc.: _____

International Wire Transfers Only

Swift Code #: _____ Bank Code #: _____

Bank Name: _____ Branch Name: _____

Bank Address: _____

City: _____ Providence: _____ Country: _____

I hereby authorize Icon Credit Union to transfer funds by wire as shown above. I understand that my account will be debited for the amount of the outgoing wire and any applicable fees. I agree to hold Icon Credit Union harmless if the funds are not received and credited due to incorrect information. I acknowledge I have read and signed Icon Credit Union's Funds Transfer Authorization Agreement.

Member Signature: _____ Date: _____

Return to your nearest branch Fax: (208) 343-4587 Email: info@iconcreditunion.org