



OVERDRAFT ACCOUNT TRANSFER AUTHORIZATION

Member Information

Date: _____ Member Number: _____

Member Name: _____

New Request Change

Account Information

I authorize Icon to transfer from the specified accounts listed below:

Share ID/ Loan ID _____

Share ID/ Loan ID _____

Share ID/ Loan ID _____

I authorize funds to be transferred to the following account number(s) in the event an overdraft occurs on their account:

Member Name on Account	Member Account Number

In signing below, I understand that this authorizes Icon to complete transfers to any accounts listed automatically and electronically to cover overdraft account balances on these accounts. I understand a receipt will be sent by mail in the event that a transfer is needed.

Signature: _____ Date: _____

Cancel Authorization

Signature: _____ Date: _____