



For Branch Use Only	
Form Received By:	_____
Date of New Set Up:	_____
Cancellation Date:	_____
Comments:	_____

AUTOMATIC TRANSFER REQUEST

Account Information

New Request Change

I hereby authorize/ request automatic transfers in my Icon Credit Union account.
The transfers should be as follows:

From Account# and ID:	Amount:	To Account# and ID:	Start Date:	Day of Month (i.e. 20 th , 30 th):

Icon Credit Union requires at least 5 days notice to set up a new/or cancel an existing auto transfer. If funds are not available in the account when the transfer is to be completed, the transfer will not be made. Please be advised that these are transfers among Icon Credit Union accounts only and will not transfer to other institutions. Please also be advised that Federal Reg D permits six funds transfers per month on savings accounts without a signature (this includes online banking transactions, ACH withdrawals, Overdraft transfers, etc.). Funds transfers in excess of this limit will not be completed.

This transfer will continue until further notice.

Signature: _____ Date: _____

Cancel Authorization

Signature: _____ Date: _____