



## CROSS MEMBER TRANSFER AND SWITCH ACCOUNT

### Member Information

Date: \_\_\_\_\_ Member Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

New Request     Change

#### Electronic Transfer- Account Transfer Authorization

I (print member name) \_\_\_\_\_

authorize Icon to enable the following service(s) on Member Number: \_\_\_\_\_

#### 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, by fax, or through any electronic means, including (but not limited) to online banking.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Cancel Authorization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_