



# ACH DIRECT DEPOSIT DISTRIBUTION FORM

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

Company Name: \_\_\_\_\_ Company ID#: \_\_\_\_\_

I am authorizing Icon Credit Union to allocate all direct deposits from the above listed company to the accounts as indicate below. By signing this agreement, I agree to be bound by all ACH Association rules. These rules provide, among other things, that direct deposits are provisional until final settlement is made through a federal reserve bank or payment is otherwise made as provided in article 4A of the UCC Code.

Member #:	Share/Loan ID	Name on Account (if different than above)	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This authorization is to remain in full force and effect until Icon has received written notification from me of its termination. Icon requires at least 14 days advance notice prior to my termination/change request for this distribution.

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

Internal Use Only: _____ Distribution Entered _____ Distribution Verified _____
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