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Deletion/Change Agreement

For E-Pay

(Preauthorized payments and deposits)

Member Name: _____ Member #: _____

Social Security Number: _____ Amount: _____

I hereby authorize Icon Credit Union to _____ **stop** _____ **change** the E-Pay transaction to/from my account at the financial institution listed below. The date of **deletion / change** (circle one) will occur on:

Current E-Pay Posting Date _____ Deletion/Change Requested Date _____
 (i.e. 15th of each month)

Account information where funds are being (or have been) debited (withdrawn) from:

Depository Name _____ Branch/City _____

Routing and Transit # _____ Acct # _____

Checking* _____ Savings _____

*Please attach a voided check if changing bank accounts.

Account information where funds are being (or have been) credited (deposited) to:

Depository Name _____ Branch/City _____

Routing and Transit # _____ Acct #: _____

Checking _____ Savings _____ Loan _____

In the event of a change request, this authorization is to remain in full force and effect until Icon has received written notification from me of its termination. I understand that Icon requires at least **14 days** advance notice prior to my **deletion/ change** request.

Signature _____ Date _____

Internal Use Only: _____ Template Entry _____ Template Verification _____