



**ICON**  
credit union

# Overdraft Account Transfer Authorization

New Request

Change

Member # \_\_\_\_\_

Member Name (Please Print): \_\_\_\_\_

I authorize ICON to transfer **from** the accounts as 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.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Cancel Authorization:

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date