



ICon Professional Services
1065 E. Hillsdale Blvd., Suite 300
Foster City CA 94404

DIRECT DEPOSIT (ACH CREDIT) AUTHORIZATION

Individual Name/Legal Business Name:

Address:_____

City, State, Zip:_____

Phone Number:_____

ACCOUNT INFORMATION

Financial Institution:_____

Address:_____

City, State, Zip:_____

Phone Number:_____

Type of Account: Checking_____ Saving_____

Financial Routing Number:_____

Account Number:_____

AUTHORIZATION

I hereby authorize ICon to initiate credits (and credit corrections, if needed) to the above listed institution, and the institution is authorized to accept credits and corrections to my account. This authority is to remain in full force and effect until I revoke it **in writing** in such time (10 days) as to afford the institution and ICon a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account will comply with the provisions of U.S. law. I confirm I have the authority to sign this authorization.

Authorized Signer (Please Print):_____ Title:_____

Authorized Signature:_____

Date:_____