FAX or MAIL this form & COPY OF PICTURE I.D.

If your current address does not appear on your ID, include a bill or paycheck stub that shows your current address.

ICON Advantage Resources
PO Box 570534 • Houston, Texas 77257-0534
Tel: 713-349-8282 Toll Free: 866-543-5153
Fax: 713-838-9963 Toll Free Fax: 866-254-9866

Use Capital Letters Only

First Name | M.I. | Last Name

Social Security Number ___-___-____ | Birth date (Mo./Day/Yr.) __-__-__

Current Address (No P.O. Box / UPS Stores or Mail Box Stores) | Apt. #

City | State | Zip Code

Previous Address (No P.O. Box / UPS Stores or Mail Box Stores) | Apt. #

City | State | Zip Code

Home Phone | Work Phone | Extension

Cell Phone | Mother's Maiden Name (for security purposes only)

Employer's Name: | Employer's Phone #:

E-Mail Address: _____ Does your job offer direct deposit? Yes No

Check the types of direct deposits you will receive: Payroll Government Benefit Others_____

How would you like to receive your bank statement? Online By Mail (extra charge may apply)

Do you want overdraft protection? Yes No

A COPY OF YOUR GOVERNMENT ISSUED PICTURE ID MUST ACCOMPANY THIS APPLICATION

If your current address does not appear on your ID, include a bill or paycheck stub that shows your current address.

Driver's License Passport Military ID State ID

Issue Date:_____ I.D. #:_____ EXP. Date:_____

Name and phone of nearest relative not living with you:
Name: Phone: ( )

By completing this Direct Deposit Cash Access Card Enrollment Form and Agreement ("Agreement"), you hereby authorize and request Icon Advantage Resources to establish a non-interest bearing account in your name ("Account") at a pre-arranged financial institution (the "Bank") to receive the electronic deposit ("Direct Deposit") of benefits, payroll earnings and any other such funds being paid to you by government agencies or businesses ("DDP Originators") as defined and proscribed by Icon Advantage Resources. Your Account will open upon receipt by the Bank of your Agreement.

You hereby appoint Icon Advantage Resources to act as your agent respecting your Account and grant to Icon Resources a power of attorney to forward the necessary information to the applicable DDP Originator(s) to establish and maintain the Direct Deposit designation to your Account. ***YOU GRANT TO ICON ADVANTAGE RESOURCES THE RIGHT AND POWER OF ATTORNEY TO EXECUTE YOUR NAME ON ALL DOCUMENTS AND ITEMS NECESSARY TO IMPLEMENT THE APPLICABLE DIRECT DEPOSIT ORIGINATIONS, START-UP OR TRANSFER FORMS OR OTHER SUCH DOCUMENTS ISSUED BY YOUR EMPLOYER(S) OR DDP ORIGINATORS.*** You agree that Icon Advantage Resources may, unless prohibited by law, debit or offset funds in your Account to pay off all or portions of any amounts you may owe Icon Advantage Resources, the Bank, or your DDP Provider. You also agree to the following statement: "I authorize Icon Advantage Resources and its agents to view my account information on an as needed basis for the express purpose of determining the availability of funds, resolve questions that I may have regarding my account and to generate ACH and other credit/debit transactions to my account. This authority will remain in force until revoked in writing by me." You acknowledge that Icon Advantage Resources or the Bank may set-off against your Account in order to recover any ineligible benefits or payments you may have withdrawn if Icon Advantage Resources or the Bank is obligated to return funds to the DDP Originator.

Either you, Icon Advantage Resources, or the Bank may transfer or close your Account at any time with or without cause. Upon account closure, the Bank will return to you the Available Balance in your Account less any fees or charges, claims, set-offs, or other amounts you owe Icon Advantage Resources, the Bank or DDP Provider. You agree to pay the service fees, and/or transaction fees and any other service charge or fee associated with your Account and/or the DDP Service. You authorize the Bank to charge your Account at any time for any such fees or charges due. The terms and conditions of this Agreement, including the fees and charges listed on this document, are subject to change and you will be notified of such changes at last thirty (30) calendar days prior to the effective date of the change, by mail, according to your mailing address on record. By maintaining your Account after the effective date of the change, you agree to be bound by the changes. If no deposits are received or no disbursements are taken over a period not to exceed ninety (90) calendar days, your account may be closed and all subsequent direct deposits returned to the DDP Originators. All terms, conditions, fees are subject to change without notice.

Tax Payer I.D. number - Tax Payer Identification number shown above is my correct social security number. In order to fight identity theft you also authorize us or the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals.

By using the card you acknowledge receipt of and agree to the terms and conditions of account holder disclosure.

X Signature _____ Date _____

For Office Use Only

Account #: | Referred By: