ALLIANT credit union

PO Box 66945, 11545 W. Touhy Avenue, Chicago, Illinois 60666-0945
800-328-1935 **www.alliantcreditunion.org**

Coverdell Education Savings Account (ESA) Authorization

depositor's name (please print) | depositor's social security number | home phone number | work phone number

child's name (designated beneficiary) | designated beneficiary's SSN # | designated beneficiary's member account number (10-digit)

DEPOSITOR: Are you an Alliant Credit Union member? ☐ yes ☐ no

☐ DEPOSIT to a Coverdell ESA $ _____

☐ TRANSFER from savings account #_____ to Coverdell ESA $_____

Please complete one authorization form for each child (designated beneficiary).

depositor's signature (required) | date

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX: 773-462-8735

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