

Member Transfer Authorization

To make transfers from your Alliant Credit Union share accounts to accounts of other Credit Union members through Alliant Phone Banking and Online Banking, you must complete this form. To add or delete an account you must complete a new Member Transfer Authorization Form.

prir	nt your name
you	r member account number
Ad	d Member Authorization:
4	
I.	member name
	member account number
Ω	
4	member name
	member account number
De	lete Member Authorization:
4	
1	member name

member name

member account number

member account number

I authorize the above Alliant Credit Union member accounts to be receiving accounts for transfer through Alliant Phone Banking, Online Banking or other electronic means. I understand that I can only transfer money into the accounts listed above. I cannot receive money from those accounts. I acknowledge receipt of the disclosure statement informing us of our rights under the Electronic Funds Transfer Act.

X	/	/
your signature required	date	

Return your completed form to an Alliant Branch or mail to: Alliant Credit Union, Attn: Account Services, PO Box 66945, Chicago, IL 60666-0945.

G1631-R08/15

for office only:	mbr. rep
branch	date

⊗ALLIANT

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Ad	d Member Authorization:
1.	member name
	member account number
2	member name
	member account number
De	lete Member Authorization:
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	member account number
2	member name
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10	member account number	
9	member name	
P (1)	member account number	
De	lete Member Authorization:	
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	member account number	
2	member name	
	member account number	

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