



## 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