

**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 Coverdell ESA \$ \_\_\_\_\_ for tax year \_\_\_\_\_.

TRANSFER from savings account # \_\_\_\_\_ to Coverdell ESA \$ \_\_\_\_\_ for tax year \_\_\_\_\_.

This is your authority to take payroll deductions from each paycheck from account # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. (Only for employees of United Airlines.)

Paycheck date determines tax year of contribution. Payroll deductions will continue until changed or stopped by the member. When the annual maximum current year Coverdell ESA contribution is reached, deductions will automatically be deposited to the child's savings account. Coverdell ESA deductions will resume the following year.

Weekly payroll: deductions will be posted biweekly.

Stop deductions

**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**