

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