



Revocation of Authorization for Electronic Funds Transfer (EFT) via ACH for Loan Payments Initiated by Alliant Credit Union.

As of ___/___/___, I, _____
(Member Name)

hereby notify Alliant Credit Union, to terminate the authorization agreement covering
preauthorization of debits to my account number

_____ with _____,
(Account number at other Financial Institution) (Name of other Financial Institution)

my financial institution, for payments to my loan at Alliant Credit Union,
account number _____.
(Account number & Loan ID at Alliant)

Please be advised that with this revocation you can no longer send these entries to my financial
institution. I indemnify my financial institution from any and all liability associated with the return of
future entries. Please allow thirty (30) days to process this request.

Member Signature (required)

Please forward to: *Alliant Credit Union, P.O. Box 66945, Chicago, IL 60666-0945*
Attn: EFT Services or FAX to 773-462-2263.



Equal Housing Lender

Your savings federally insured to at least \$100,000
and backed by the full faith and credit of the
United States Government

NCUA

National Credit Union Administration,
a U.S. Government Agency