ALLIANT credit union

PO Box 66945, 11545 W. Touhy Avenue, Chicago, Illinois 60666-0945
800-328-1935 **www.alliantcreditunion.org**

IRA Authorization

name (please print)	home phone numer	work phone number	member account number (required)

Please check one: ☐ **Traditional IRA** ☐ **Roth IRA** ☐ **SEP**

☐ DEPOSIT to my IRA: A contribution of $ _____ for 20 _____ tax year

☐ TRANSFER from my ☐ savings account, ☐ checking account or ☐ supplemental savings account to my IRA:

A contribution of $ _____ for the 20 _____ tax year

☐ TRANSFER from my ☐ savings account, ☐ checking account or ☐ supplemental savings account to my:

Spouse's IRA account #_____ a contribution of $_____ for the 20 _____ tax year

Designation of contribution as prior year is irrevocable. (If prior year contribution – spouse must sign below)

IRA owner signature (required) _____ date _____

spouse signature (required if applicable) _____ date _____

Alliant Branch - Forward IRA Authorization to Alliant Headquarters – IRA Services if contribution was for a prior year.

RETURN COMPLETED FORM TO ALLIANT CREDIT UNION. FAX: 773-462-8735

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