



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

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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.

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Member Signature *(required)*

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

