

## Direct Deposit Request Form

Please print, complete and submit this form to your employer, appropriate government agency and/or other payer, to request direct deposit of your funds to an account at Alliant.

(Or, contact them first to see if they have a form you should use instead of this one.)

**To:**

\_\_\_\_\_

(Employer, government agency, etc. that should send your funds directly to an Alliant account)

Please process the following transaction(s) electronically to Alliant Credit Union.

\_\_\_\_\_

(Payroll, Social Security, etc.)

**My Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

FAX \_\_\_\_\_

**Alliant Credit Union Information**

P.O. Box 66945

Chicago, IL 60666-0945

Phone Number: 800-328-1935

Routing & Transit/ABA# - 271081528

Please deposit my Net Pay (all funds after payroll deductions/distributions), or Social Security or other government check (as listed above) to the following Alliant Credit Union account number: \_\_\_\_\_  Checking  Savings

In addition to my Net Pay direct deposit, please make the following payroll distributions to my Alliant Credit Union account(s):

Account Type	Account Number	Amount to deposit
<input type="checkbox"/> Checking (14-digit)	_____	\$ _____
<input type="checkbox"/> Savings (10-digit)	_____	\$ _____
<input type="checkbox"/> Other (10 or 14 digit)	_____	\$ _____

**Authorization:**

I authorize \_\_\_\_\_ to deposit my funds as described above into the account(s) listed above at  
(Employer, government agency, etc.)  
 Alliant Credit Union. This authorization will remain in effect until I give written notice to change it.

Signature \_\_\_\_\_ Date \_\_\_\_\_