

Alliant Credit Union **SWITCH KIT**

I'm moving accounts to Alliant Credit Union.



Applicant name

Address

City

State

Zip

Preferred Phone

Email address

Please close my account at:

Financial Institution

Address

City

State

Zip

Financial Institution Account Number(s)

Please liquidate the current account(s) mentioned above and transfer the proceeds as follows:

Issue a check for: \$ _____
The entire amount in account(s) and close my account(s)

Please mail the remaining balance of my account(s) to:

My home address above
Alliant Credit Union to be deposited
Alliant Credit Union
1200 Associates Drive, Suite 102
Dubuque, IA 52002

Make this Transfer (check one):

On this date (MM/DD/YYYY)
Immediately
At maturity of the investment

Applicant Signature

Date

Joint-Applicant Signature

Date



563-585-3737
800-928-4328
www.alliantcu.com