



301 Fields Lane
Brewster, NY 10509

CONSUMER FREEZE REQUEST

In order to process your request for a freeze of your Alliant consumer information, please complete this form and return it to us at the address provided above.

Last Name: _____ First Name: _____ MI: _____

Maiden Name or Other Last Names: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Please include a legible copy of your government-issued identification card (for example, Driver's License) containing your address.

If your current address is different from that stated on your government-issued identification card, please provide one of the following (please ensure your current address is included in the document(s) you provide):

- Utility Bill
- Cell Phone Bill
- Cable Bill
- Military Orders

Addresses of any other residences you have occupied in the last five years:

Address 1: _____

Address 2: _____

By signing below, I hereby confirm my request to freeze my credit information that Alliant Cooperative Data Solutions, LLC ("Alliant") provides to businesses who send permissible requests for new account inquiries or for other reasons allowed under the Fair Credit Reporting Act ("FCRA").

I understand that in order to complete my Freeze request, I must complete, sign and return this Consumer Freeze Request form to Alliant.

I further understand that this may affect my ability to open new accounts such as credit cards or installment payments. Freezing my credit information will not affect the use of my consumer credit report for pre-screened offers of credit. I also understand that I may not freeze or opt out of some uses of my credit report, such as periodic review on my existing accounts, or some inquiries by government entities. I understand that this freeze will last until I remove it.

Printed Name: _____

Signature: _____ Date: _____