

For Office Use only	Representative _____	Date _____
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On-Us Cross Account Recurring Transfer Authorization

Auto Share Transfer Type:

- I/We authorize American Airlines Federal Credit Union to complete a **recurring** transfer between Credit Union accounts.
 I/We authorize the Credit Union to complete a one (1)-time transfer (over \$10,000) between Credit Union accounts.

From My Account Information:

Account Owner's Name(s)		Account Number	
Account Owner's Signature		Date	Daytime Phone Number
Account ID and ID Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

To the Following Account Information:

Account Owner's Name(s)		Account Number	
Account ID and ID Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan			

Transfer Information: (If transferring to a loan, the transaction will stop when loan is paid in full.)

Amount \$	Frequency: Please only check one. <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Effective Date	
Transfer Day 1 _____ Transfer Day 2 _____	
Expiration Date	

Request to Make Change(s) to Current On-Us Transfers:

Changes to: <input type="checkbox"/> My Account <input type="checkbox"/> Other Account <input type="checkbox"/> Stop Recurring Transfer <input type="checkbox"/> Account Number/ID <input type="checkbox"/> Transfer Amount <input type="checkbox"/> Frequency of Transfer	Account Number/ ID: From (old):	Transfer Amount: From (old): \$	Frequency: Please only pick from the above frequencies. From (old):
	To (new):	To (new): \$	To (new):

This authority is to remain in full force and effect until the Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Credit Union a reasonable opportunity to act on it. I/We agree to indemnify and hold harmless the Credit Union from any and all claims, actions or liability whatsoever arising directly or indirectly from this written order.

Fax completed form to: Loan & Account Servicing (866) 422-2351 or mail to the above address ATTN: Loan & Account Servicing
 (Please allow up to ten [10] business days to process).